07/30/2009 16:50

Image# 29934381388

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Office Use Only
1.	NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines	
l ,	American Hospital Associatio	n PAC	
ш		205 Occasil Occasi NIM	
AD V	DRESS (number and street)	325 Seventh Street, NW	
Г	Check if different	Suite 700	
	than previously reported. (ACC)	Washington	DC 20004 -
2.	FEC IDENTIFICATION NUM	BER V CITY	STATE A ZIPCODE A
	C00106146	3. IS THIS REPORT (N) OR	X AMENDED (A)
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report Feb 20 (M2) May 20 (M5)	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Due On: Mar 20 (M3) Jun 20 (M6)	Year Only)
	April 15 Quarterly Report(Q	X Apr 20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
	July 15 Quarterly Report(Q	(c) 12-Day Primary (12P)	General (12G) Runoff (12R)
	October 15	Report for the: Convention (12C)	Special (12G)
	Quarterly Report(Q: January 31 Quarterly Report(Yi		in the State of
	July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post -Election General (30G)	Runoff (30R) Special (30S)
	Termination Report	Report for the:	
	(TER)	Election on	in the State of
5.	Covering Period 0.3	0 1 2 0 0 9 through 0 3	31 2009
l ce	ertify that I have examined this F	Report and to the best of my knowledge and belief it is true, correct	t and complete.
Тур	oe or Print Name of Treasurer	Ms. Melinda Hatton	
Sig	nature of Treasurer Electron	ically Filed by Ms. Melinda Hatton	Date 07 30 2009
NO	TE : Submission of false, error	eous, or incomplete information may subject the person signing the	nis Report to the penalties of 2 U.S.C 437g.
	Office Use Only		FEC FORM 3X (Rev. 12/2004)
гга	ANIOSE		

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Hospital Association PAC D " D 03 0 1 2009 0.3 31 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 1339674.06 January 1 (b) Cash on Hand at 1360708.45 Begining of Reporting Period 103482.95 243193.49 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1464191.40 1582867.55 6(a) and 6(c) for Column B) 202325.91 321002.06 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 1261865.49 1261865.49 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

Schedule C and/or Schedule D)

10. Debts and Obligations owed the committee (Itemize all on

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

0.00

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

2/83

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 83

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

From: 0 3

D D D

Y 2 0 0 9

To:

М М

^D 31

Y Y Y Y Y 2 0 0 9

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	41818.00	64634.00
	(ii) Unitemized	11253.96	22131.36
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	53071.96	86765.36
(k	o) Political Party Committees	0.00	0.00
(0	c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	53071.96	86765.36
	ransfers From Affiliated/Other arty Committees	50000.00	155100.00
3. A	III Loans Received	0.00	0.00
	oan Repayments Received	0.00	0.00
(0	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
to	o Federal candidates and Other colitical Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	410.99	1328.13
	ransfers from Non-Federal and Levin Funds		
(8	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(k	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	103482.95	243193.49
	otal Federal Receipts ubtract Line 18(c) from Line 19)	103482.95	243193.49

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 83

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share		
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	0405.04	0000.00
Expenditures	2125.91	2802.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	2125.91	2802.06
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	200200.00	318200.00
. Independent Expenditure		310200.00
(use Schedule E)	0.00	0.00
. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
S. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
(200 2000 20(4), (5), 2000 (5), 1000 (5)		
9. Other Disbursements	0.00	0.00
D. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	202325.91	321002.06
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	000005 04	001000.00
from Line 31)	202325.91	321002.06

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 83

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
Total Contributions (other than loans) from Line 11(d), page 3)	53071.96	86765.36	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
Net Contributions (other than loans) (subtract Line 34 from Line 33)	53071.96	86765.36	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2125.91	2802.06	
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
Net Operating Expenditures (subtract Line 37 from Line 36)	2125.91	2802.06	

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Ms. Karen S. Haase-Herrick, MN, RN Mailing Address 300 Elliott Avenue Wes	st		Date of Receipt
	Suite 300	State	Zip Code	0 3 0 2 2 0 0 9 Transaction ID: 16387078
	<u>Seattle</u>	WA	98119-4198	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Northwest Hospital and Me- dical Center	Occupation Executive	on e Director	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 350.00	
- 3.	Full Name (Last, First, Middle Initial) Mr. David Marshall			Date of Receipt
	Mailing Address 1319 Walhni Street			03 02 7 2009
	City	State	Zip Code	Transaction ID: 16387897
	Galveston FEC ID number of contributing federal political committee.	C	77555-0001	Amount of Each Receipt this Period 500.00
	Name of Employer University of Texas Medic- al Branch Hos	Occupation Interim C	on Chief Operating Officer	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Ms. Pamela T. Rudisill			Date of Receipt
	Mailing Address 17225 Royal Court Dr.			03 02 2009
	City	State	Zip Code	Transaction ID: 16387936
	<u>Davidson</u>	NC	28036-7843	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Lake Norman Regional Medi- cal Center		e Executive Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1350.00
-	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of		<u>)</u>	1330.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Ms. Gayle Jensen-Savoie Mailing Address 4202 Merrell Road City Dallas FEC ID number of contributing federal political committee. Name of Employer Texas Health Presbyterian Hospital Pla Receipt For: Primary General Other (specify)	State Zip Code TX 75229-5436 C Occupation Director, Behavioral Health Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M O 3
Full Name (Last, First, Middle Initial) Mr. Kevin P Conlin Mailing Address 3720 East Bayley City Wichita FEC ID number of contributing federal political committee. Name of Employer Via Christi Health System Receipt For: Primary General Other (specify)	State Zip Code KS 67218-3002 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms. Barbara L. Wilson Mailing Address 2701 E. Parkriver Dri City Boise FEC ID number of contributing federal political committee. Name of Employer St. Luke's Health System Receipt For: Primary General Other (specify)	State Zip Code ID 83706-6084 C C C Ccupation Trustee Aggregate Year-to-Date ▼ 350.00	Date of Receipt M M M O 3
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	·	1100.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	ratements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Harold D. Cleberg, TTEE Mailing Address 2525 Main Suite 301 City Kansas City FEC ID number of contributing federal political committee. Name of Employer Saint Luke's Northland Hospital-Smithv Receipt For: Primary General Other (specify)	State Zip Code MO 64108-2627 C Occupation Trustee Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 16883486 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Mr. Ted H. Stubblefield Mailing Address 100 North Crest Drive City Springfield FEC ID number of contributing federal political committee. Name of Employer Northcrest Medical Center Receipt For: Primary General Other (specify)	State Zip Code TN 37172-3961 C Occupation Trustee Aggregate Year-to-Date 350.00	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 16883487 Amount of Each Receipt this Period 350.00
Full Name (Last, First, Middle Initial) Mr. Carl Brown Mailing Address 121 Chimney Lane City Wilmington FEC ID number of contributing federal political committee. Name of Employer New Hanover Regional Medical Center Receipt For: Primary General Other (specify)	State Zip Code NC 28409-4909 C Occupation Trustee Aggregate Year-to-Date ▼ 350.00	Date of Receipt M M / D D / Y Y Y Y Y O 3
SUBTOTAL of Receipts This Page (optional)		1700.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Dr. Stephen Smart, , DDS		Date of Receipt
Mailing Address 120 Shadyside City	State Zip Code	0 3
El Dorado	AR 71730-3147	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Medical Center of South Arkansas Receipt For: Primary General	Occupation Chairman of the Board Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Jack A. Carroll, Ph.D. Mailing Address 2805 Cottage Cove □	0 0 0 0 0 0 0 0	Date of Receipt
		03 06 2009
City	State Zip Code	Transaction ID: 16883494
Richmond	VA 23233-3366	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer Magee Rehabilitation Hosp- ital	Occupation CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Ms. Laura J. Redoutey, FACHE		Date of Receipt
Mailing Address 1863 Folkways		03 / 06 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16883496
Lincoln FEC ID number of contributing federal political committee.	NE 68521-5077	Amount of Each Receipt this Period 1000.00
Name of Employer Nebraska Hospital Associa- tion	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		3000.00
	er only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may r name and addre	not be sold or used by any perso ess of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
∠	Full Name (Last, First, Middle Initial) Mr. Todd Krass Mailing Address 11500 Hardy Street City Overland Park FEC ID number of contributing federal political committee.	State KS C	Zip Code 66210-2404	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	Name of Employer Research Belton Hospital Receipt For: Primary Other (specify) ▼	Chief Exec	cutive Officer ∕ear-to-Date ▼ 350.00	
В.	Full Name (Last, First, Middle Initial) Dr. Cheryl L. Hoying, Ph.D., RN, Mailing Address 1241 Ashland Avenue			Date of Receipt M
	City Dayton FEC ID number of contributing federal political committee. Name of Employer	State OH C Occupation	Zip Code 45420-1503	Transaction ID: 16894525 Amount of Each Receipt this Period 350.00
	Cincinnati Children's Hospital Medical Receipt For: Primary General Other (specify)	Senior Vice	e President, Patient Care S ∕ear-to-Date ▼ 350.00	Se]
- C.	Full Name (Last, First, Middle Initial) Ms. Donna D. Poduska, MS, RN, CN Mailing Address 2430 Merino Court			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 16894530
	Fort Collins FEC ID number of contributing federal political committee.	CO	80526-1431	Amount of Each Receipt this Period 350.00
	Name of Employer Poudre Valley Hospital	Occupation Director of	Resource Services	
	Receipt For: Primary General Other (specify) ▼		/ear-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		1050.00
	TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Robert LeFever Mailing Address 319 Green Valley Rd. City Langhorne FEC ID number of contributing federal political committee. Name of Employer Temple University Health System Receipt For: Primary General Other (specify)	State Zip Code PA 19047-1128 C Occupation Director Aggregate Year-to-Date 350.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms. Ann Fagan-Cook, RN, BSN Mailing Address P.O. Box 1030 City Wheeler FEC ID number of contributing federal political committee. Name of Employer Parkview Hospital Receipt For: Primary General Other (specify)	State Zip Code TX 79096-1030 C Occupation Chief Executive Officer Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Chris Anderson Mailing Address 2809 Denny Avenue City Pascagoula FEC ID number of contributing federal political committee. Name of Employer Singing River Hospital System Receipt For: Primary General Other (specify)	State Zip Code MS 39581-5300 C Occupation Chief Executive Officer Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	1100.00

	FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 11
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC		
۸.	Full Name (Last, First, Middle Initial) Mr. Sam W. Cameron		Date of Receipt
	Mailing Address 28 Waterford Place		03 06 2009
	City Jackson	State Zip Code MS 39211-2945	Transaction ID: 16894922 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	505.00
	Name of Employer Mississippi Hospital Asso- ciation	Occupation President & Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 505.00	
- s.	Full Name (Last, First, Middle Initial) Mr. Calvin D Johnson		Date of Receipt
	Mailing Address P O Box 188		03 06 2009
	City	State Zip Code	Transaction ID: 16894927
	Kilmichael FEC ID number of contributing federal political committee.	MS 39747-0188	Amount of Each Receipt this Period 375.00
	Name of Employer Kilmichael Hospital	Occupation Administrator	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
_	Full Name (Last, First, Middle Initial) J.W. Jones		Date of Receipt
	Mailing Address 3637 Parkway Blvd.		03 06 2009
	City Meridian	State Zip Code MS 39305-3869	Transaction ID: 16894928
	FEC ID number of contributing federal political committee.	C 39303-3869	Amount of Each Receipt this Period 250.00
	Name of Employer Jeff Anderson Regional Me- dical Center	Occupation Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optional) .		1130.00

	Use separate schedule(s)	(ala a al., a al., a a a)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
/ Full Name (Last, First, Middle Initial) Ms. Ginger E. Anspaugh, FHFMA		Date of Receipt
Mailing Address 4002 Sunhill Court		03 06 2009
City	State Zip Code	Transaction ID: 16894972
Woodstock	GA 30189-2561	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Georgia Hospital Associat- ion	Occupation Senior Vice President & CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Kevin Bloye		Date of Receipt
Mailing Address 2813 Bakers Bridge I	Drive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16894974
<u>Douglasville</u>	GA 30134-862	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Georgia Hospital Associat- ion	Occupation Vice President of Public Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Robert E. Bolden		Date of Receipt
Mailing Address 900 Powers Ferry Ro Suite 104	pad	03 06 2009
City	State Zip Code	Transaction ID: 16894975
<u>Marietta</u>	GA 30067-5774	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Georgia Hospital Associat- ion	Occupation Director of Fiscal Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 83 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using to	d Statements may not be sold or used by any pers the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC	;	
Full Name (Last, First, Middle Initial) Ms. Danae Gambill		Date of Receipt
Mailing Address 1345 Towne Lake H	ills S. Drive	03 06 2009
City	State Zip Code	Transaction ID: 16894980
Woodstock	GA 30189-5350	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Georgia Hospital Associat- ion	Occupation Director of Government Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Lynn Hale		Date of Receipt
Mailing Address 2016 Harbor Forest	Drive	03 06 2009
City	State Zip Code	Transaction ID: 16894981
<u>Marietta</u>	GA 30064-8378	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Georgia Hospital Associat- ion	Occupation Assistant to the President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Martha Harrell		Date of Receipt
Mailing Address 109 Springs Drive		03 06 2009
City	State Zip Code	Transaction ID: 16894984
Roswell	GA 30075-4825	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Georgia Hospital Associat- ion	Occupation VP Educational Services	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional))	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Ethan James Mailing Address 1675 Terrell Mill Road		Date of Receipt
City	State Zip Code	M M M O O O O O O O O O O O O O O O O O
<u>Marietta</u>	GA 30067-8339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	504.00
Name of Employer Georgia Hospital Associat- ion	Occupation Director of Grassroots and Advocacy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	
Full Name (Last, First, Middle Initial) Ms. Kathryn McGowan		Date of Receipt
Mailing Address 4546 Windsor Oaks C		03 / 06 / 4 2009
City	State Zip Code	Transaction ID: 16894987
<u>Marietta</u>	GA 30066-2241	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Georgia Hospital Associat- ion	Occupation Dir, Partnership for Health and Account	n
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Joseph A. Parker		Date of Receipt
Mailing Address 3497 Mill Bridge Drive		03 / 06 / 2009
City	State Zip Code	Transaction ID: 16894988
Marietta	GA 30062-5598	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Georgia Hospital Associat- ion	Occupation President & Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		1754.00
TOTAL This Period (last page this line number	<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 83 (check only one) X
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Rhett C. Partin Mailing Address Route 2 Box 3425 City Nashville FEC ID number of contributing federal political committee. Name of Employer Georgia Hospital Association Receipt For: Primary General Other (specify)	State Zip Code GA 31639-9537 C Occupation Executive Director, The Center for Ru Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Glenn Pearson Mailing Address 660 Crossfire Ridge City Marietta FEC ID number of contributing federal political committee. Name of Employer Georgia Hospital Associat-	State Zip Code GA 30064-1393 C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ion Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Earl Rogers	Executive Vice President Aggregate Year-to-Date ▼ 500.00	Date of Receipt
Mailing Address 1675 Terrell Mill Road City	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Marietta FEC ID number of contributing federal political committee.	GA 30067-8339	Amount of Each Receipt this Period 500.00
Name of Employer Georgia Hospital Associat- ion	Occupation Senior VP, Government Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .		1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 83 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Ms. Temple Sellers Mailing Address 1782 Briar Lake Cir	rcle		Date of Receipt
City Decatur	State GA	Zip Code 30033-1110	Transaction ID: 16894999 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Georgia Hospital Association Receipt For:	_ , '	n ry Legislative Counsel	500.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate	500.00	
Ms. Karen Waters Mailing Address 1569 Asheforde Dri	ve		Date of Receipt M
City	State	Zip Code	Transaction ID: 16895005
<u>Marietta</u>	GA	30068-1850	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Georgia Hospital Associat- ion Receipt For:		sident, Professional Services	5
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) Ms. Katherine Keene			Date of Receipt
Mailing Address 3861 St. Andrew's I	Loop		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 16905171
Salem FEC ID number of contributing federal political committee.	OR	97302-9498	Amount of Each Receipt this Period 350.00
Name of Employer Salem Health	Occupation Chair	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional	J)		1350.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PA	nd Statements may not be sold or used by any perso g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Sue G Brody Mailing Address 701 Sixth Street So City Saint Petersburg FEC ID number of contributing federal political committee. Name of Employer Bayfront Medical Center Receipt For: Primary General	State Zip Code FL 33701-4891 C Occupation President and Chief Executive Officer Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Anthony L Spezia Mailing Address 1504 Botsford Driv City Knoxville FEC ID number of contributing federal political committee. Name of Employer Covenant Health Receipt For: Primary General Other (specify)	State Zip Code TN 37922-3353 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 3 1 3 2 0 0 9 Transaction ID: 16905174 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Ms. Stephanie S. McCutcheon Mailing Address P O Box 19456 City Springfield FEC ID number of contributing federal political committee. Name of Employer Hospital Sisters Health System Receipt For: Primary General Other (specify)	State Zip Code IL 62794-9456 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (options	al)	2000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate sche for each category o Detailed Summary	of the Page X 11a 11b 11c 12	
An	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by name and address of any political co	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.	1
	American Hospital Association PAC			
۱.	Full Name (Last, First, Middle Initial) Mr Patrick Boran Mailing Address 3300 Oakdale Avenue	North	Date of Receipt	V
	City	State Zip Code	0 3 1 1 2 0 0 9 Transaction ID: 16906433	
	Robbinsdale	MN 55422-2926	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	250.00)
	Name of Employer North Memorial Health Care	Occupation Chief Financial Officer		
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	50.00	
	Full Name (Last, First, Middle Initial) Mr. Rocklon B. Chapin Mailing Address 4232 Washington Drive		Date of Receipt	V
			03 11 2009	
	City	State Zip Code	Transaction ID: 16906434	
	Hermantown FEC ID number of contributing federal political committee.	MN 55811-3687	Amount of Each Receipt this Period 1000.00)
	Name of Employer St. Mary's/Duluth Clinic Health System	Occupation Executive Vice President &	Sr. Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00.00	
	Full Name (Last, First, Middle Initial) Mr. David W Cress		Date of Receipt	
	Mailing Address 3300 Oakdale Avenue	North	03 / 11 / 2009	
	City Robbinsdale	State Zip Code MN 55422-2926	Transaction ID: 16906438 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	500.00)
	Name of Employer North Memorial Health Care	Occupation President and Chief Executive	ve Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00.00	
S	UBTOTAL of Receipts This Page (optional)		1750.00)
T,	OTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any person	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC		2.000 to 4.1, pointed to	
Full Name (Last, First, Middle Initial) Ms. Joanell M. Dyrstad			Date of Receipt
Mailing Address 910 West Sixth Street	et		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Red Wing	State MN	Zip Code 55066-2432	Transaction ID: 16906439 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55555 E-15E	250.00
Name of Employer Fairview Red Wing Medical Center	Occupation Board Ch		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Russell Johnson			Date of Receipt
Mailing Address 106 Blanca Avenue			03 13 2009
City	State	Zip Code	Transaction ID: 16909839
Alamosa	CO	81101-2393	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer San Luis Valley Regional Medical Cente	Occupation Chief Exe	n ecutive Officer	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary ☐ General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Mr. Edward J. Hannon			Date of Receipt
Mailing Address P.O. Box 730			03 13 2009
City	State	Zip Code	Transaction ID: 16909840
Marion	NC	28752-0730	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer McDowell Hospital		ecutive Officer	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports a	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 83 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PA	g the name and address of any political committee to s	olicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Ellen Smith, RN Mailing Address 14707 Via Del Nor	te	Date of Receipt
City	State Zip Code	0 3 1 3 2 0 0 9 Transaction ID: 16909847
Houston	TX 77083	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Dubuis Health System	Occupation President & CEO]
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Mr. James G Parrish, , FACHE Mailing Address 118 East Haskell S	Street	Date of Receipt 0 3 1 3 2 0 0 9
City Winnemucca	State Zip Code NV 89445-3247	Transaction ID: 16911006 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Humboldt General Hospital	Occupation Chief Executive Officer	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Ms. Liza Jensen		Date of Receipt
Mailing Address 8109 Fredericksbu	rg Rd	03 13 2009
City San Antonio	State Zip Code	Transaction ID: 16911009
FEC ID number of contributing federal political committee.	TX 78229-3311	Amount of Each Receipt this Period 350.00
Name of Employer Methodist Healthcare Syst- em of San Ant	Occupation Exec. Director, Operations Compliance	- <u>-</u>
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (option	al)	1850.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report or for commercial purposes, other than use NAME OF COMMITTEE (In Full) American Hospital Association	is and Statements may not be sold or used by any person sing the name and address of any political committee to PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. R. Reed Fraley Mailing Address 257 Clouse Lan City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Granville FEC ID number of contributing federal political committee.	OH 43023-1428	Amount of Each Receipt this Period 250.00
Name of Employer Ohio Hospital Association Receipt For: Primary General Other (specify) ▼	Occupation Senior Vice President Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Fred C Rothstein, , M.D. Mailing Address 1080 W Hill Driv	/e	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16911023
Gates Mills FEC ID number of contributing federal political committee.	OH 44040-9627	Amount of Each Receipt this Period 250.00
Name of Employer University Hospitals Case Medical Cent Receipt For: Primary General Other (specify) ▼	Occupation Chief Executive Officer Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Craig A. Becker		Date of Receipt
Mailing Address 9616 Brunswick		03 13 2009
City	State Zip Code	Transaction ID: 16911055
Brentwood FEC ID number of contributing federal political committee.	TN 37027-8467	Amount of Each Receipt this Period 1000.00
Name of Employer Tennessee Hospital Associ- ation	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (op:	ional)	1500.00

	FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 11
0	any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any personal name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Hospital Association PAC		
۸.	Full Name (Last, First, Middle Initial) Ms. Charlotte Burns		Date of Receipt
	Mailing Address 935 Wayne Road	Chata Zin Code	03 / 13 / 2009
	City <u>S</u> avannah	State Zip Code TN 38372-1937	Transaction ID: 16911056 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Hardin Medical Center	Occupation Administrator and Chief Executive Of	- fi
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
- s.	Full Name (Last, First, Middle Initial) Ms. Jacquelyn Harms, , R.N. Mailing Address 151 Roger Circle		Date of Receipt
			03 16 2009
	City Durant	State Zip Code OK 74702-1207	Transaction ID: 16911962 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 74702-1207	500.00
	Name of Employer Medical Center of Southea- stern Oklahom	Occupation Chief Executive Officer	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
. -	Full Name (Last, First, Middle Initial) Mr. Robin E Lake		Date of Receipt
	Mailing Address P O Box 2339		03 16 2009
	City Elk City	State Zip Code OK 73648-2339	Transaction ID: 16911965
	FEC ID number of contributing federal political committee.	OK 73648-2339	Amount of Each Receipt this Period 250.00
	Name of Employer Great Plains Regional Med- ical Center	Occupation Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Γ.	SUBTOTAL of Receipts This Page (optional)		1100.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any person e name and address of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Jane McDowell Mailing Address P O Box 90		Date of Receipt
		03 16 2009
City	State Zip Code OK 73573-0090	Transaction ID: 16911973
Waurika FEC ID number of contributing federal political committee.	OK 73573-0090	Amount of Each Receipt this Period 500.00
Name of Employer Jefferson County Hospital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Thomas A Biga		Date of Receipt
Mailing Address 29 Highand Avenue		03 13 2009
City	State Zip Code	Transaction ID: 16914032
Fair Haven	NJ 07704-3620	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Saint Barnabas Health Care System	Occupation Executive Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Joanne Carrocino, , FACHE	. L	Date of Receipt
Mailing Address 903 Shore Drive		03 13 2009
City	State Zip Code	Transaction ID: 16914037
Cape May	NJ 08204-2234	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Cape Regional Medical Cen- ter	Occupation President and Chief Executive Officer]
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .	>	1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Michael Maron Mailing Address 34 Grove Street		Date of Receipt
Mailing Address 34 Grove Street City	State Zip Code	0 3 1 3 2 0 0 9 Transaction ID: 16914054
Oradell	NJ 07649	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Holy Name Hospital	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Audrey Meyers		Date of Receipt
Mailing Address 251 Highland Avenue		03 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16914056
Ridgewood	NJ 07450-2726	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Valley Health System	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Elizabeth A. Ryan, Esq.	1	Date of Receipt
Mailing Address 4 Brookside Drive		03 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16914061
Bordentown FEC ID number of contributing federal political committee.	NJ 08505-4439	Amount of Each Receipt this Period 625.00
Name of Employer New Jersey Hospital Assoc- iation	Occupation President & Chief Executive Officer	-
Receipt For:	Aggregate Year-to-Date ▼]
Primary General Other (specify) ▼	625.00	
SUBTOTAL of Receipts This Page (optional)		1625.00
TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 83 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Hospital Association PA	g the name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Craig J Broman Mailing Address 1406 Sixth Avenue	e North		Date of Receipt
City Saint Cloud FEC ID number of contributing	State MN	Zip Code 56303-1901	Transaction ID: 16914458 Amount of Each Receipt this Period
federal political committee. Name of Employer St. Cloud Hospital Receipt For:	Occupation President	<u>_</u>	500.00
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) Mr. Keith Okeson Mailing Address 715 Delmore Aven	nue		Date of Receipt 0 3 1 7 2 0 0 9
City	State	Zip Code	Transaction ID: 16914467
Roseau FEC ID number of contributing federal political committee.	C	56751-1534	Amount of Each Receipt this Period 250.00
Name of Employer LifeCare Medical Center		and CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Ms. Jean Przybylek Mailing Address 306 Highland	•		Date of Receipt
			03 17 2009
City Elmhurst	State IL	Zip Code 60126-2245	Transaction ID: 16914490
FEC ID number of contributing federal political committee.	C	00120-2245	Amount of Each Receipt this Period 250.00
Name of Employer Northwestern Memorial Hos- pital Receipt For:		n sident, Operations Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	250.00	
SUBTOTAL of Receipts This Page (option	ıal))	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 83 (check only one) X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Hospital Association PAC	I Statements may not be sold or used by any person he name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Mary Lou Mastro Mailing Address 852 West Street City Naperville FEC ID number of contributing federal political committee. Name of Employer Linden Oaks Hospital at Edward Receipt For: Primary General	State Zip Code IL 60540-6400 C Occupation Chief Executive Officer Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Peter McCanna Mailing Address 2025 Schiller City Wilmette FEC ID number of contributing federal political committee. Name of Employer Northwestern Memorial Hospital Receipt For:	State Zip Code IL 60091-2323 C Occupation Senior Vice President and Chief Finance Aggregate Year-to-Date	Date of Receipt M M M
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Dennis Murphy Mailing Address 48 Royal Vale Drive City Oak Brook FEC ID number of contributing federal political committee.	250.00 State Zip Code IL 60523-1643 C	Date of Receipt M M M / D D / Y Y Y Y Y O 3 17 2009 Transaction ID: 16914501 Amount of Each Receipt this Period 500.00
Name of Employer Northwestern Memorial Hospital Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Occupation Director, Medical Affairs Aggregate Year-to-Date 500.00	1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or f	y information copied from such Reports and some commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	American Hospital Association PAC		
١.	Full Name (Last, First, Middle Initial) Ms. Brenda Gail Summers Mailing Address 1351 Anthem Court		Date of Receipt
		State Zip Code	03 20 2009
	City Charlotte	State Zip Code NC 28205-7981	Transaction ID: 16914599 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer The Greeley Company	Occupation Senior Consultant	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
	Full Name (Last, First, Middle Initial) Ms. Kathleen Hoeft		Date of Receipt
	Mailing Address P O Box 256		03 17 2009
	City	State Zip Code	Transaction ID: 16914676
	Ashley FEC ID number of contributing federal political committee.	ND 58413-0450	Amount of Each Receipt this Period 350.00
	Name of Employer Ashley Medical Center	Occupation Administrator and Chief Executive Off	- fi
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
	Full Name (Last, First, Middle Initial) Dr. Mary Beth Walsh, , M.D.		Date of Receipt
	Mailing Address 785 Mamaroneck Ave	nue	03 17 2009
	City White Plains	State Zip Code NY 10605-2593	Transaction ID: 16914677
	FEC ID number of contributing federal political committee.	C 10003-2593	Amount of Each Receipt this Period 250.00
	Name of Employer Burke Rehabilitation Hosp- ital	Occupation Chief Executive Officer	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
QI	JBTOTAL of Receipts This Page (optional)		950.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 83 (check only one) X
A oi	ny information copied from such Reports and so for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may re name and addr	not be sold or used by any pers ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC			
۸.	Full Name (Last, First, Middle Initial) Ms. Julia A. Hunt, CAVS			Date of Receipt
	Mailing Address 4401 S. Western			03 / 20 / 2009
	City Oklahoma City	State OK	Zip Code 73109-3413	Transaction ID: 16919487
	FEC ID number of contributing federal political committee.	C	73103-3413	Amount of Each Receipt this Period 350.00
	Name of Employer Integris Southwest Medical Center	Occupation Director, V	olunteer Services	
	Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 350.00	
. — s.	Full Name (Last, First, Middle Initial) Ms. Judith Husted			Date of Receipt
	Mailing Address 220 Morean Ranch Ro	oad		03 20 2009
	City	State	Zip Code	Transaction ID: 16935052
	Glendora	CA	91741-6434	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Kaiser Permanente Health Plan, Inc.	Occupation Executive	Director, Patient Care Serv	vi
	Receipt For:	, '	/ear-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Mr. John W O'Connell			Date of Receipt
	Mailing Address 2155 Hawthorne Road	d		03 / 20 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 16935208
	Ottawa Hills FEC ID number of contributing federal political committee.	OH C	43606-2644	Amount of Each Receipt this Period 350.00
	Name of Employer Franciscan Services Corpo- ration	Occupation President	and Chief Executive Office	er l
	Receipt For: Primary General Other (specify)		/ear-to-Date ▼	
	SUBTOTAL of Receipts This Page (optional) .			1200.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 83 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Harry G Dorman, III Mailing Address 125 Mascoma Street City Lebanon FEC ID number of contributing federal political committee. Name of Employer Alice Peck Day Memorial Hospital Receipt For: Primary General Other (specify)	State Zip Code NH 03766-2647 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 3 1 2 0 0 9 Transaction ID: 16942404 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Mr. William C. Schoenhard, FACHE Mailing Address 420 Fairwood Lane City Kirkwood FEC ID number of contributing federal political committee. Name of Employer SSM Health Care Receipt For: Primary General Other (specify)	State Zip Code MO 63122-4429 C Occupation Exec. V.P. & Chief Operating Officer Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 16942406 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Carol A. Watson, Ph.D., RN Mailing Address 390 NB 50 Newton Road City Iowa City FEC ID number of contributing federal political committee. Name of Employer University of lowa College of Nursing Receipt For: Primary General Other (specify)	State Zip Code IA 52242-9296 C Occupation Professor-Clinical Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		2000.00

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	d Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Dawn M. Bach Mailing Address 1525 West 5th Stree City	State Zip Code	Date of Receipt M
Storm Lake FEC ID number of contributing federal political committee.	IA 50588-3027	Amount of Each Receipt this Period 250.00
Name of Employer Buena Vista Regional Medical Center Receipt For: Primary General Other (specify) ▼	Occupation Director of Clinical Services Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Mr. Joe Duerr Mailing Address 501 14th Street		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16942425
Perry FEC ID number of contributing federal political committee.	OK 73077-5099	Amount of Each Receipt this Period 250.00
Name of Employer Perry Memorial Hospital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Craig W. Jones, FACHE		Date of Receipt
Mailing Address 1904 Windermere D	rive	03 25 2009
City	State Zip Code	Transaction ID: 16942429
Norman FEC ID number of contributing federal political committee.	OK 73072-3005	Amount of Each Receipt this Period 875.00
Name of Employer Oklahoma Hospital Associa- tion	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	
SUBTOTAL of Receipts This Page (optional	·····	1375.00

9	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUM	
ı	TEMIZED RECEIPTS		for each category of the	(check only one) X 11a 11b 11c 12	
			Detailed Summary Page	ı ⊢ ⊢	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may rename and address	not be sold or used by any person ess of any political committee to	n for the purpose o	of soliciting contributions as from such committee.
_	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
۷.	Full Name (Last, First, Middle Initial) Mr. Gary W. Mitchell			Date of Rece	eipt
	Mailing Address 905 South Main			03	25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction	ID: 16942431
	Shattuck	OK	73858-9205	Amount of E	ach Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Newman Memorial Hospital	Occupation Chief Exec	cutive Officer		
	Receipt For:	Aggregate Y	rear-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
-	Full Name (Last, First, Middle Initial)			Date of Date	
3.	Mr. Jerry G Moeller Mailing Address 1323 W. Sixth			Date of Rece	eipt D D / Y Y Y Y Y
	- TOZO W. SIXIII			0 3 1	25 2009
	City	State	Zip Code	Transaction	ID: 16942432
	Stillwater	OK	74074-4306	Amount of E	ach Receipt this Period
	FEC ID number of contributing federal political committee.	С			500.00
	Name of Employer Stillwater Medical Center	Occupation President	and Chief Executive Office		
	Receipt For:	Aggregate Y	rear-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
- :.	Full Name (Last, First, Middle Initial) Mr. Michael Nunamaker			Date of Rece	eipt
	Mailing Address 2220 West Iowa Avenu	iue		03	25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction	ID: 16942434
	Chickasha	OK	73018-2700		ach Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Grady Memorial Hospital	Occupation Chief Exec	cutive Officer	1	
	Receipt For:	Aggregate Y	'ear-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
	SUBTOTAL of Receipts This Page (optional)				1250.00
_ -				-	

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 83 (check only one) X
Any information copied from such Repo or for commercial purposes, other than NAME OF COMMITTEE (In Full) American Hospital Association	rts and Statements may not be sold or used by any persousing the name and address of any political committee to PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. James Wadzinski Mailing Address One North Frai	State Zip Code	Date of Receipt 0 3
Chicago FEC ID number of contributing federal political committee.	IL 60606-3436	Amount of Each Receipt this Period 500.00
Name of Employer American Hospital Associa- tion-Chicago Receipt For: Primary General Other (specify) ▼	Occupation Vice President Account Services Aggregate Year-to-Date ▼ 580.00	
Full Name (Last, First, Middle Initial) Mr. Edward H Lamb, , FACHE Mailing Address 4831 Southpar	k Bluff Drive	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16947484
Anchorage	AK 99516-4865	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Alaska Regional Hospital	Occupation President and Chief Executive Officer	,
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. James Wadzinski		Date of Receipt
Mailing Address One North Fran	nklin	03 26 2009
City	State Zip Code	Transaction ID: 16975891
Chicago	IL 60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President Account Services	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 730.00	
	ı	1150.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 83 (check only one) X 11a
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC		
۸.	Full Name (Last, First, Middle Initial) Mr. Paul R Stewart Mailing Address 2865 Daggett Avenue		Date of Receipt
			03 / 31 / 2009
	City Klamath Falls	State Zip Code OR 97601-1106	Transaction ID: 16990201
	FEC ID number of contributing federal political committee.	OR 97601-1106	Amount of Each Receipt this Period 350.00
	Name of Employer Sky Lakes Medical Center	Occupation Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
 3.	Full Name (Last, First, Middle Initial) Ms. Dawn M. Bach Meiling Address 1505 West 5th Street		Date of Receipt
	Mailing Address 1525 West 5th Street		03 31 2009
	City	State Zip Code	Transaction ID: 16990203
	Storm Lake FEC ID number of contributing federal political committee.	IA 50588-3027	Amount of Each Receipt this Period
	Name of Employer Buena Vista Regional Medi- cal Center	Occupation Director of Clinical Services	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
_	Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D.		Date of Receipt
	Mailing Address 13106 Vingle Lane		03 / 27 / 2009
	City Silver Caring	State Zip Code	Transaction ID: 17041083
	Silver Spring FEC ID number of contributing federal political committee.	MD 20906	Amount of Each Receipt this Period 39.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vice President	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 195.00	
Γ	SURTOTAL of Receipts This Page (ontional)		529.00

П	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS any information copied from such Reports and Sta	atements may n	Use separate schedule(s) for each category of the Detailed Summary Page of be sold or used by any perso	FOR LINE NUMBER: PAGE 35 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
	r for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) American Hospital Association PAC	name and addre	ss of any political committee to	solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Ms. Kristin Welsh			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	V		03 27 2009
	City	State	Zip Code	Transaction ID: 17041087
	Washington FEC ID number of contributing federal political committee.	C	20004-2818	Amount of Each Receipt this Period 39.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:	1	lent Executive Branch Rela	ati
	Primary General Other (specify) ▼		195.00	
	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton			Date of Receipt
-	Mailing Address 325 Seventh Street, NW Suite 700	V		03 / 31 / 2009
	City Washington	State DC	Zip Code 20004-2818	Transaction ID: PR1045726222301
	FEC ID number of contributing federal political committee.	C	20004-2010	Amount of Each Receipt this Period 78.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:		e President & General Cou ear-to-Date ▼	nse
	Primary General Other (specify) ▼		234.00	P/R Deduction (\$39.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. James Wadzinski			Date of Receipt
	Mailing Address One North Franklin			03 31 2009
	City Chicago	State IL	Zip Code 60606-3436	Transaction ID: PR1347703422301
	FEC ID number of contributing federal political committee.	C	00000-3430	Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Associa- tion-Chicago		lent Account Services	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 770.00	P/R Deduction (\$20.00 Bi- Weekly)
[L SUBTOTAL of Receipts This Page (optional)			157.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 83 (check only one) X 11a
A C	ny information copied from such Reports and r for commercial purposes, other than using th	Statements may not be sold or used by any pe e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
. <u>/</u>	Full Name (Last, First, Middle Initial) Ms. Catherine D. Sewell		Date of Receipt
	Mailing Address One North Franklin		03 / 31 / 2009
	City Chicago	State Zip Code IL 60606-3436	Transaction ID: PR1347708422301 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	78.00
	Name of Employer American Hospital Association-Chicago Receipt For: Primary General	Occupation Executive Director, ASHHRA Aggregate Year-to-Date	P/R Deduction (\$39.00 Bi-
	Other (specify) ▼	234.00	Weekly)
	Full Name (Last, First, Middle Initial) Mr. John Slotman		Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	W	03 / 31 / 2009
	City	State Zip Code	Transaction ID: PR1384065322301
	Washington	DC 20004-2802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	78.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Associate Director, Federal Relatio	ns
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	234.00	P/R Deduction (\$39.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Linda Fishman	1	Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	W	03 31 2009
	City	State Zip Code	Transaction ID: PR327629122301
	Washington	DC 20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	78.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:	Occupation Senior Vice President, Public Polic	у
	Primary General Other (specify)	Aggregate Year-to-Date ▼ 234.00	P/R Deduction (\$39.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	•	234.00

ITEMIZED REC		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for commercial purp	oses, other than using the name	and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, Fir Ms. Debbie F. Weine	<u>,</u>		Date of Receipt
Mailing Address 1	1004 Petersborough Drive		03 31 2009
City Rockville		State Zip Code MD 20852-3249	Transaction ID: PR327745922301 Amount of Each Receipt this Period
FEC ID number of of federal political com	ontributing		78.00
Name of Employer American Hospital tion-Washingt Receipt For: Primary Other (specify	General Aç	recupation rector, Grassroots Advocacy gregate Year-to-Date ▼ 234.00	P/R Deduction (\$39.00 Bi-Weekly)
Full Name (Last, Fir Ms. Pamela Austin T Mailing Address 3			Date of Receipt
City	Suite 700	State Zip Code	0 3 3 1 2 0 0 9 Transaction ID: PR327812022301
Washington		DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of of federal political com	ontributing		78.00
Name of Employer American Hospital n tion-Washingt Receipt For: Primary Other (specify	General Aç	ccupation nief Executive Officer, AONE ggregate Year-to-Date 234.00	P/R Deduction (\$39.00 Bi-Weekly)
Full Name (Last, Fir Mr. Mark Seklecki	st, Middle Initial)		Date of Receipt
	25 Seventh Street, NW Suite 700		03 31 2009
City		State Zip Code	Transaction ID: PR327858022301
Washington FEC ID number of of federal political com	ontributing	OC 20004-2818	Amount of Each Receipt this Period 78.00
Name of Employer American Hospital I tion-Washingt Receipt For:		ccupation ce President, Political Affairs	
Primary Other (specify	General	gregate Year-to-Date ▼ 234.00	P/R Deduction (\$39.00 Bi- Weekly)
SUBTOTAL of Recei	uts This Page (optional)		234.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 38 / 83 (check only one) X
,	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be name and address o	e sold or used by any perso f any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۷.	Full Name (Last, First, Middle Initial) Mr. John F. Barry			Date of Receipt
	Mailing Address One North Franklin	0	0.1	03 / 31 / 2009
	City Millis		p Code 0606-3436	Transaction ID: PR327877822301
	FEC ID number of contributing federal political committee.	C	0000-3430	Amount of Each Receipt this Period 78.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Exect	utive	
	Receipt For: Primary General	Aggregate Year-t	o-Date ▼	D/D Dadweties (\$20.00 B)
	Other (specify)		234.00	P/R Deduction (\$39.00 Bi- Weekly)
. –	Full Name (Last, First, Middle Initial) Mr. Richard J. Umbdenstock			Date of Receipt
	Mailing Address 325 Seventh Street, N' Suite 700	W		03 / 31 / 2009
	City		p Code	Transaction ID: PR328132822301
	Washington	DC 2	0004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		78.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation President and	Chief Executive Office	r
	Receipt For:	Aggregate Year-t	o-Date ▼	
	Primary General Other (specify) ▼		234.00	P/R Deduction (\$39.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach			Date of Receipt
	Mailing Address 204 7th Ave			03 31 2009
	City	State Zi	p Code	Transaction ID: PR328136922301
	<u>La Grange</u>	<u>IL 6</u>	0525-6406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		78.00
	Name of Employer American Hospital Associa- tion-Chicago	, ·	lent, Member Relations	S
	Receipt For: Primary General Other (specify)	Aggregate Year-t	o-Date ▼ 234.00	P/R Deduction (\$39.00 Bi- Weekly)
Г	SUBTOTAL of Receipts This Page (optional)	<u> </u>		234.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 83 (check only one) X				
A	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) American Hospital Association PAC						
<u>/_</u>	Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian		Date of Receipt				
	Mailing Address 5545 North Wayne		03 / 31 / 2009				
	City Chicago	State Zip Code IL 60640-1318	Transaction ID: PR328223822301 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	78.00				
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President					
	Receipt For:	Aggregate Year-to-Date ▼					
	Primary ☐ General Other (specify) ▼	234.00	P/R Deduction (\$39.00 Bi- Weekly)				
	Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D.	<u> </u>	Date of Receipt				
	Mailing Address 13106 Vingle Lane		03 31 2009				
	City	State Zip Code	Transaction ID: PR328224922301				
	Silver Spring	MD 20906	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	39.00				
	Name of Employer American Hospital Associa-	Occupation Senior Vice President					
	tion-Washingt Receipt For:	Aggregate Year-to-Date ▼					
	Primary General Other (specify) ▼	234.00	P/R Deduction (\$39.00 Bi- Weekly)				
_	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack		Date of Receipt				
	Mailing Address 3475 North Venice Str	eet	03 31 2009				
	City	State Zip Code	Transaction ID: PR328260922301				
	Arlington	VA 22207-4446	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	78.00				
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Executive Vice President					
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 234.00	P/R Deduction (\$39.00 Bi- Weekly)				
			195.00				

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16				
A C	any information copied from such Reports and S r for commercial purposes, other than using the	Statements may no e name and addres	t be sold or used by any pers s of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) American Hospital Association PAC							
. <u>/</u>	Full Name (Last, First, Middle Initial) Mr. Richard H. Wade			Date of Receipt				
	Mailing Address 1221 Cavalier Road			03 31 2009				
	City <u>Arnold</u>	State MD	Zip Code 21012-2126	Transaction ID: PR328310422301 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		78.00				
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:	Occupation Senior Vice Aggregate Yea	President Strategic Com ar-to-Date ▼	mun				
	Primary General Other (specify) ▼	0 0 0	234.00	P/R Deduction (\$39.00 Bi- Weekly)				
_	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor	1		Date of Receipt				
	Mailing Address 325 Seventh Street, N Suite 700	W		03 31 2009				
	City	State	Zip Code	Transaction ID: PR328341822301				
	Washington	DC	20004-2818	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		78.00				
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, Po	litical Action & Grassroo	t				
	Receipt For:	Aggregate Ye	ar-to-Date ▼					
	Primary General Other (specify) ▼	0 0 0	234.00	P/R Deduction (\$39.00 Bi- Weekly)				
_	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina			Date of Receipt				
	Mailing Address 200 Clover Hill Court			03 / 31 / 2009				
	City	State	Zip Code	Transaction ID: PR328511822301				
	Yardley	PA	19067-5736	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		78.00				
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Ex						
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 234.00	P/R Deduction (\$39.00 Bi- Weekly)				
	SUBTOTAL of Receipts This Page (optional)	1		234.00				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for each	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 41 / 83 (check only one) X				
A O	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may not be see name and address of a	old or used by any perso ny political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) American Hospital Association PAC							
	Full Name (Last, First, Middle Initial) Dr. John R. Combes, MD			Date of Receipt				
	Mailing Address One North Franklin			03 / 31 / Y Y Y Y Y Y				
	City Chicago		Code 06-3436	Transaction ID: PR329071322301 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		78.00				
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	Occupation President & Chie Aggregate Year-to-I	of Operating Officer, ©	c				
	Primary General Other (specify) ▼		234.00	P/R Deduction (\$39.00 Bi- Weekly)				
_	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese			Date of Receipt				
	Mailing Address 500 Interstate Bouleva	rd South		03 31 2009				
	City	State Zip 0	Code	Transaction ID: PR329215722301				
	Nashville	TN 372	10-4634	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		78.00				
	Name of Employer American Hospital Associa- tion-Chicago	Occupation AHA Regional Ex	kecutive					
	Receipt For:	Aggregate Year-to-I	Date ▼					
	Primary General Other (specify) ▼		234.00	P/R Deduction (\$39.00 Bi- Weekly)				
	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca	l		Date of Receipt				
	Mailing Address 4960 138th Cricle We	st		03 31 YYYYY 2009				
	City	•	Code	Transaction ID: PR330475422301				
	Apple Valley	MN 551	24-9229	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		78.00				
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executi						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-l	234.00	P/R Deduction (\$39.00 Bi- Weekly)				
\lceil	SUBTOTAL of Receipts This Page (optional) .	1		234.00				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 83 (check only one) X
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person he name and address of any political committee to so	for the purpose of soliciting contributions plicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Alex R. White, Sr.		Date of Receipt
Mailing Address PO Box 15587		03 31 7 2009
City	State Zip Code	Transaction ID: PR331416022301
Austin	TX 78761-5587	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	116.00
Name of Employer American Hospital Associa-	Occupation Regional Executive	
tion-Chicago Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	348.00	P/R Deduction (\$58.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Donald May		Date of Receipt
Mailing Address 521 Great Falls St.		03 31 2009
City	State Zip Code	Transaction ID: PR331533222301
Falls Church	VA 22046-2613	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	78.00
Name of Employer American Hospital Associa- tion-Washinot	Occupation Vice President, Policy	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	234.00	P/R Deduction (\$39.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Kristin Welsh		Date of Receipt
Mailing Address 325 Seventh Street, Suite 700	NW	03 31 2009
City	State Zip Code	Transaction ID: PR517619722301
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	39.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President Executive Branch Relati	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	234.00	P/R Deduction (\$39.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		233.00
	er only)	41818.00

S	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 43 / 83
	EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c X 12
			13 14 15 16 17
Ar or	y information copied from such Reports and Statements for commercial purposes, other than using the name an	may not be sold or used by any personal address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)		
\rangle	American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) California Healthcare Association PAC - Federal		Date of Receipt
	Mailing Address 1215 K Street Suite 800		03 / 18 / 2009
	City Stat	e Zip Code	Transaction ID: 16925406
	<u>Sacramento</u> CA	95814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C00237495	50000.00
	Name of Employer Occu	pation	
	Receipt For: Primary General Other (specify)	gate Year-to-Date ▼ 50000.00	

SUBTOTAL of Receipts This Page (optional)	•	50000.00
TOTAL This Period (last page this line number only)	•	50000.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 44 / 83 (check only one)									
ITEMIZED RECEIPTS		Detailed Summary Page	11a 11b 11c 12 13 14 15 16 X 17									
Any information copied from such Reports and S or for commercial purposes, other than using the												
NAME OF COMMITTEE (In Full)												
American Hospital Association PAC												
Full Name (Last, First, Middle Initial) Citibank, F.S.B.			Date of Receipt									
Mailing Address 1400 G Street, NW			03 / 31 / 2009									
City	State	Zip Code	Transaction ID: 17060391									
Washington	DC	20005	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		410.99									
Name of Employer	Occupation	n										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1328.13	Interest									

SUBTOTAL of Receipts This Page (optional)	•	410.99
TOTAL This Period (last page this line number only)	•	410.99

C.

SCHEDULE B (FEC Form 3X)	Use separate so				INE NUMBER: PAGE conly one)		45 /	83				
ITEMIZED DISBURSEMENTS	for each categor Detailed Summa			21b 27	21b 22 X 23				24 28c		25 29	26 30b
Any Information copied from such Reports and States or for commercial purposes, other than using the name												3
NAME OF COMMITTEE (In Full)	le and address of a	iy political col	1111	millee lo	SOIIC	it COITE	ibuti	OHS H	JIII SUCII (01111	muee	
American Hospital Association PAC												
Full Name (Last, First, Middle Initial) A New Direction PAC						Date o	of Di	on ID: sburse	16926 ement	372		
Mailing Address PO Box 4234						0 3	M /	0	3 /	Ž	o ŏ s) Y
City Concord	State Zip C NH 033					Amou	nt of	Each	Disburse	men	t this I	Period
Purpose of Disbursement 2009 Contribution		Γ	(011						25	00.00)
Candidate Name A New Direction PAC				tegory/ ype								
Office Sought: Senate President State: Disburs	ement For: Primary Other (specify)	General				2009 (Con	ntribut	tion			
Full Name (Last, First, Middle Initial) Wyoming Values PAC								sburse		373	}	
Mailing Address 901 N. Washington Stre Suite 102	et					0 3	M /	0	^D / N	Ž	o ŏ s	e Y
City Alexandria	State Zip C VA 223					Amou	nt of	Each	Disburse			
Purpose of Disbursement 2009 Contribution			(011			_			25	00.00)
Candidate Name Wyoming Values PAC				tegory/ ype								
Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (specify)	General				2009	Con	ntribut	tion			
Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	16926	374		
Victory Now!						Date o	of Di	sburse	ement			
Mailing Address 10605 Concord Street Suite 202						0 ^M 3	M /	0	3 /	Ž	o ŏ s) Y
City Kensington	State Zip C MD 208					Amou	nt of	Each	Disburse	men	t this I	Period
Purpose of Disbursement 2009 Contribution		Г	()11						50	00.00)
Candidate Name Victory Now!			Cat	tegory/ ype								
Office Sought: House Disburs Senate President	ement For: Primary Other (specify)	General				2009 (Con	ntribut	tion			
State: District:												
SUBTOTAL of Disbursements This Page (optional)				▶						00	00.00	

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 46 / 83
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 X 23 24 25 2 28a 28b 28c 29 3
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) American Hospital Association PAC	c and address of any pointed of	357111111111111111111111111111111111111	ion contributions from such committee
Full Name (Last, First, Middle Initial) PETEPAC: People for Enterprise Trade &	Econ Growth		Transaction ID: 16926375 Date of Disbursement
Mailing Address 3686 King Street #146			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} Y$
Alexandria	State Zip Code VA 22302		Amount of Each Disbursement this Period
Purpose of Disbursement 2009 Contribution Candidate Name		011 Category/	1500.00
PETEPAC: People for Enterprise Trade &	Econ Growth ement For:	Type	2009 Contribution
Senate President	Primary General Other (specify) ▼		2009 Contribution
State: District: Full Name (Last, First, Middle Initial)			Tuescastics ID. 10000070
Gingrey For Congress			Transaction ID: 16926376 Date of Disbursement 0 3
Mailing Address PO Box U		03 03 2009	
City Marietta	State Zip Code GA 30060		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name Rep. Phil Gingrey, M.D.		011 Category/	1000.00
Office Sought: X House Disburse	ement For: 2010 Primary General Other (specify)	Туре	Contribution
Full Name (Last, First, Middle Initial) Markey For Congress			Transaction ID: 16926935 Date of Disbursement
Mailing Address PO Box 1333			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & 9 \end{smallmatrix} \end{bmatrix}$
Fort Collins	State Zip Code CO 80521		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name		011 Category/	1000.00
Rep. Betsy Markey		Type	
Senate X President	ement For: 2010 Primary General Other (specify)		Contribution
State: CO District: 04			
SUBTOTAL of Disbursements This Page (optional)		>	3500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC F	-		arate schedule(s)		OR LINI	E NUMBEI	R:		PA	GE 47/	83	
TEMIZED DISBURSE	MENTS		category of the Summary Page		21b 27	22 28a	X 23 28b		24 28c	25 29	F	26 30
Any Information copied from such												
r for commercial purposes, other		ne and addre	ss of any political	commi	ttee to s	olicit contri	butions fr	om	such co	ommittee		
NAME OF COMMITTEE (In Fi	•											
/ American Hospital Associa	ation PAC											
Full Name (Last, First, Middle I	nitial)					Trans	action ID:	. 1	69269	936		
Martin Heinrich For Congr	ess					Date o	of Disburs	eme			V	
Mailing Address 2118 Ce #71	ntral Avenue Se	9				0.3		3	Ĺ	ž 0 ŏ	9	
City		State	Zip Code			Amou	nt of Each	n Dis	burser	ment this	Perio	od
Albuquerque		NM	87106							1000 0	^	
Purpose of Disbursement Contribution				0.4	14					1000.00	Ů	_
Candidate Name				01 Cate								
Rep. Martin Heinrich				Ту								
Office Sought: X House		ement For:	2010			Contri	hution					
Senate		Primary	General			301101	200011					
State: NM District: 01		Other (spe	ecity)									
Full Name (Last, First, Middle I						_			0000	207		
Friends Of Rosa Delauro	·······						action ID: of Disburs			937		
						М) 3 ^D	/ Y	ž 0 0 !	O Y	
Mailing Address 12 Trum	bull Street					0 3) 3	L	200	9	
City		State	Zip Code			Amou	nt of Each	n Dis	burser	ment this	Perio	od
New Haven		СТ	06511							1000.00	n	
Purpose of Disbursement Contribution				01	11			0		1000.00	ů	_
Candidate Name				Cate								
Rep. Rosa L. DeLauro				Ту								
Office Sought: X House		ement For:	2010			Contri	bution					
Senate		Primary	General			Contin	Dation					
State: CT District: 03		Other (spe	ecity) 🔻									
Full Name (Last, First, Middle I						_						
Shelley Moore Capito For	,						action ID:			938		
) 3	/ Y	ž 0 ŏ :	Y	
Mailing Address P.O. Box	k 11519					0.3		J		200	9	
City		State	Zip Code			Amou	nt of Each	n Dis	burser	ment this	Perio	od
Charleston		WV	25339									_
Purpose of Disbursement						L.				1000.00	Ŋ	_
Contribution Candidate Name				01								
Rep. Shelley Moore Capito)			Cate Ty								
Office Sought: X House		ement For:	2010			Contri	bution					
Senate		Cther (and	General									
State: WV District: 02		Other (spe	ecity) 🔻									
District. U2	-											
SUBTOTAL of Disbursements T	his Page (optional)	·								3000.00	0	
TOTAL This Period (last page thi	is line number only	·)			•							
6AN026					-	FE	Schedu	ıle P	(Form	n 3X) /P:	ovica	٠ A O

	CHEDULE B (FEC Form 3X)	Use sepa	rate schedule(s)			R LINE		-	R:				PAGE	48 /	83	
ΙT	EMIZED DISBURSEMENTS		category of the Summary Page			21b 27		22 28a	X	23 28b	E	2 2	4 8c	25 29] 26] 30
	ny Information copied from such Reports and Staten for commercial purposes, other than using the nam															
7	NAME OF COMMITTEE (In Full)	c and addres	33 Of arry political	COII			Onc	it conti	ibuti	10113 1	101	11 301	511 0011	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		
	American Hospital Association PAC															
	Full Name (Last, First, Middle Initial) Barney Frank For Congress Committee							Trans					2694	0		
	Mailing Address PO Box 260							0 ^M 3	М	/ D	0	^D /	Y	200	9 ^Y	
	City Newtonville	State MA	Zip Code 02460					Amou	nt o	f Eac	h [Disbu	rseme	nt this	Perio	od
	Purpose of Disbursement Contribution			Г	01	1.							1	0.000	0	
	Candidate Name Rep. Barney Frank			С	ateg Typ	ory/ e										
		ement For: Primary Other (spe	2010 General					Contri	ibut	ion						
_	State: MA District: 04															
	Full Name (Last, First, Middle Initial) Levin For Congress							Trans Date		isbur	ser	nent				
	Mailing Address PO Box 37							0 ^M 3	М	/ D	0	^D /	Υ	ž 0 Ŏ	9 ^Y	
	City Roseville	State MI	Zip Code 48066					Amou	nt o	f Eac	h [Disbu	rseme	nt this	Perio	od
	Purpose of Disbursement Contribution			Γ	01	1			_			_	1	0.000	0	
	Candidate Name Rep. Sander M. Levin			С	ateg Typ	ory/ e										
	9 7	ement For: Primary Other (spe	2010 General cify) ▼					Contri	ibut	ion						
	Full Name (Last, First, Middle Initial) Kosmas For Congress							Trans Date of					2694	2		
	Mailing Address PO Box 1547							0 ^M 3	М	/ D	0	^D /	Υ	200	9 ^Y	
	City New Smyrna Beach	State FL	Zip Code 32170					Amou	nt o	f Eac	h [Disbu	rseme	nt this	Perio	od
	Purpose of Disbursement Contribution			Γ	01	1		L.					1	0.000	0	
	Candidate Name Rep. Suzanne M. Kosmas			С	_	ory/										
	, X	ement For: Primary Other (spe	2010 General cify)					Contri	ibut	ion						
Γ	· · · · · · · · · · · · · · · · · · ·							,	_		_		20	0.00	n	
LS	SUBTOTAL of Disbursements This Page (optional)												J.	υυψ.υ	ų	_

Any Information copied from such Reports and Statements may not be sold or used by any person for ithe purpose or for commercial purposes, other than using the name and address of any political committee to solicit contribution NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Geoff Davis For Congress Mailing Address 3161 Dixie Highway Suite F City State Zip Code Erlanger KY 41018 Purpose of Disbursement Contribution Candidate Name Rep. Geoffrey Davis Office Sought: X House Senate President State: KY District: 04 Full Name (Last, First, Middle Initial) Candidate Name Rep. Geoffrey Davis Office Sought: X House Senate President State: KY District: 04 Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress Mailing Address 235 Montgomery Street Suite 610 City San Francisco CA 94104 Purpose of Disbursement Contribution Cardidate Name Rep. Nancy Pelosi Office Sought: X House Senate President Senate President State: CA District: 08 Full Name (Last, First, Middle Initial) Berkley For Congress Mailing Address 3069 Conquista Court City San Francisco San State Zip Code Contribution City San Francisco Senate President State: CA District: 08 Full Name (Last, First, Middle Initial) Berkley For Congress Mailing Address 3069 Conquista Court City San Francisco San State Zip Code NV 89121 Category' Type Contribution Transaction Date of Disb Amount of E Transaction Date of Disb Amount of E	PAGE 49 / 83
NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Geoff Davis For Congress Mailing Address 3161 Dixie Highway Suite F City Erlanger Suite F City Senate President State: KY District: 04 Full Name (Last, First, Middle Initial) Candidate Name Rep. Geoffrey Davis Office Sought: X House President State: KY District: 04 Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress Mailing Address 235 Montgomery Street Suite 610 City San Francisco Candidate Name Rep. Disbursement Contribution Candidate Name Rep. Geoffrey Davis Other (specify) Transaction Date of Disb Amount of E Contribution Transaction Date of Disb Amount of E Contribution Candidate Name Rep. Nancy Pelosi Office Sought: X House Senate CA 94104 Purpose of Disbursement Contribution Candidate Name Rep. Nancy Pelosi Office Sought: X House President Senate President Amount of E Amount of	3 24 25 38b 28c 29
NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Geoff Davis For Congress Mailing Address 3161 Dixie Highway Suite F City Erlanger	
Mailing Address 3161 Dixie Highway Suite F	<u> </u>
Mailing Address 3161 Dixie Highway Suite F	ID: 16926951 ursement
Erlanger KY 41018 Purpose of Disbursement Contribution Candidate Name Rep. Geoffrey Davis Office Sought: X House Senate President State: KY District: 04 Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress Mailing Address 235 Montgomery Street Suite 610 City San Francisco State Zip Code San Francisco CA 94104 Purpose of Disbursement Contribution Candidate Name Rep. Nancy Pelosi Office Sought: X House Senate President State: CA District: 08 Full Name (Last, First, Middle Initial) Senate President State: CA District: 08 Full Name (Last, First, Middle Initial) Berkley For Congress Mailing Address 3069 Conquista Court City State Zip Code Contribution Candidate Name Rep. Nancy Pelosi Contribution Contribution Contribution Contribution Contribution Amount of E Transaction Date of Disb Mailing Address 3069 Conquista Court City State Zip Code NV 89121 Amount of E Amount of E	03 7 2009
Contribution Candidate Name Rep. Geoffrey Davis Office Sought: X House Senate President State: KY District: 04 Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress Mailing Address 235 Montgomery Street Suite 610 City State Zip Code San Francisco CA 94104 Purpose of Disbursement Contribution Candidate Name Rep. Nancy Pelosi Office Sought: X House Senate President State: CA District: 08 Full Name (Last, First, Middle Initial) State: CA District: 08 Full Name (Last, First, Middle Initial) Berkley For Congress Mailing Address 3069 Conquista Court City State Zip Code Candidate Name Rep. Nancy Pelosi Other (specify) ▼ Contribution Contribution Contribution Contribution Contribution Contribution Contribution Amount of E Transaction Date of Disb Mailing Address 3069 Conquista Court City State Zip Code NV 89121 Purpose of Disbursement Contribution Amount of E Amount of E	ach Disbursement this Perio
Rep. Geoffrey Davis Office Sought:	1000.00
Senate President State: KY District: 04 Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress Mailing Address 235 Montgomery Street Suite 610 City San Francisco CA Purpose of Disbursement Contribution Candidate Name Rep. Nancy Pelosi Office Sought: Name (Last, First, Middle Initial) Senate President Senate President State: CA District: 08 Full Name (Last, First, Middle Initial) Berkley For Congress Mailing Address 3069 Conquista Court City City State Contribution Contrib	
Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress Mailing Address 235 Montgomery Street Suite 610 City State Zip Code San Francisco CA 94104 Purpose of Disbursement Contribution Candidate Name Rep. Nancy Pelosi Office Sought: X House Senate President State: CA District: 08 Full Name (Last, First, Middle Initial) Berkley For Congress Mailing Address 3069 Conquista Court City State Zip Code Contribution Transaction Date of Disbursement Contribution Transaction Date of Disbursement Contribution Transaction Date of Disbursement Disbursement For: 2010 X Primary General Other (specify) ▼ Transaction Date of Disbursement Date of Date o	1
Mailing Address 235 Montgomery Street Suite 610 City State Zip Code CA 94104 Purpose of Disbursement Contribution Candidate Name Rep. Nancy Pelosi Office Sought: X House Senate President President State: CA District: 08 Full Name (Last, First, Middle Initial) Berkley For Congress Mailing Address 3069 Conquista Court City State Zip Code NV 89121 Purpose of Disbursement Contribution O 3 Amount of E Amount of E Contribution Category/ Type Contribution Contribution Amount of E	
San Francisco Purpose of Disbursement Contribution Candidate Name Rep. Nancy Pelosi Office Sought: X House Senate President State: CA District: 08 Full Name (Last, First, Middle Initial) Berkley For Congress Mailing Address 3069 Conquista Court City Las Vegas Purpose of Disbursement Contribution CA 94104 Oth Oth Category/ Type Contribution Contribution Transaction Date of Disbursement Other (specify) Amount of E Amount of E Oth Oth Oth Oth Oth Oth Oth Ot	03 7 2009
Contribution Candidate Name Rep. Nancy Pelosi Office Sought: X House Senate President State: CA District: 08 Full Name (Last, First, Middle Initial) Berkley For Congress Mailing Address 3069 Conquista Court City Las Vegas Purpose of Disbursement Contribution Other (specify) Transaction Date of Disbursement State Zip Code NV 89121 Amount of E	ach Disbursement this Perio
Rep. Nancy Pelosi Office Sought: X House Senate President State: CA District: 08 Full Name (Last, First, Middle Initial) Berkley For Congress Mailing Address 3069 Conquista Court City State Zip Code Las Vegas NV 89121 Purpose of Disbursement Contribution Type Contribution Contribution Contribution Contribution	2500.00
Senate President President Other (specify) ▼ Full Name (Last, First, Middle Initial) Berkley For Congress Mailing Address 3069 Conquista Court City Las Vegas Purpose of Disbursement Contribution Transaction Date of Disb My 89121 Amount of E	
Full Name (Last, First, Middle Initial) Berkley For Congress Mailing Address 3069 Conquista Court City State Zip Code Las Vegas NV 89121 Purpose of Disbursement Contribution Transaction Date of Disb May M 0 3 M / D Amount of E	1
City State Zip Code Las Vegas NV 89121 Purpose of Disbursement Contribution 011	ID: 16927077 ursement
Las Vegas NV 89121 Purpose of Disbursement Contribution 011	$\begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix}$
Contribution 011	ach Disbursement this Perio
	1000.00
Candidate Name Rep. Shelley Berkley Category/ Type	
Office Sought: X House Disbursement For: 2010 Contribution Senate President President Other (specify) ▼	1
State: NV District: 01	

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LIN			R:			PA	GE	50 /	83
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	I	21b		22	X	23	П	24	П	25	26
			27	Ĺ	28a		28b		28c		29	30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam-												S
NAME OF COMMITTEE (In Full)												
American Hospital Association PAC												
Full Name (Last, First, Middle Initial) Texans For Henry Cuellar Congressional (Campaign				Trans Date o				-	494		
Mailing Address 1519 Washington Street Second Floor, Suite 200					0 3	М	^D C	3	/ Y	ž	o ŏ s	9)
City Laredo	State Zip Code TX 78042				Amou	nt of	Each	Disk	ourse	men	t this	Period
Purpose of Disbursement Contribution			011			_				10	00.00)
Candidate Name Rep. Henry Cuellar			tegory/ ype									
Senate X President	ement For: 2010 Primary General Other (specify)		<u>,, </u>		Contri	but	ion					
State: TX District: 28												
Full Name (Last, First, Middle Initial) Bright For Congress.Com					Trans Date o	of Di	sburs	emer				_
Mailing Address P.O.Box 2106					0 3	М	^D C	3	/ Y	ž	o ŏ s	9 Y
City Montgomery	State Zip Code AL 36102				Amou	nt of	Each	Disk	ourse	-	-	
Purpose of Disbursement Contribution		(011		L.				•	10	00.00)
Candidate Name Rep. Bobby Neal Bright, Sr.			tegory/ ype									
Senate X President	ment For: 2010 Primary General Other (specify)			(Contri	but	ion					
State: AL District: 02 Full Name (Last, First, Middle Initial)												
Friends Of Charlie Wilson					Trans Date o	of Di	sburs	emer				
Mailing Address P.O. Box 61					0 3	М		3	′ L	ž	o ŏ s	9 1
City St. Clairsville	State Zip Code OH 43950				Amou	nt of	Each	Disk	ourse	men	t this I	Period
Purpose of Disbursement Contribution			011			_				10	00.00)
Candidate Name Rep. Charles Wilson		Ca	tegory/ ype									
Senate X President	ment For: 2010 Primary General Other (specify)			(Contri	but	ion					
State: OH District: 06												
SUBTOTAL of Disbursements This Page (optional)			▶			_				300	0.00	

TOTAL This Period (last page this line number only)

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		OR LIN			R:			PA	GE	51 /	83
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		check o		22	X	23		24	П	25	26
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name												30b
NAME OF COMMITTEE (In Full)	le and address of any political co	OITIII	iiiiee io i	SUIIC	it COIIti	ibut	10115 11	OIII	Sucirio	OHIII	iiillee	
American Hospital Association PAC												
Full Name (Last, First, Middle Initial) Kathy Dahlkemper For Congress					Trans		-		16928 ent	956		
Mailing Address PO Box 1045					0 ^M 3	М	[/] D(3	/ Y	ž	o ŏ s	9 ^Y
City Erie	State Zip Code PA 16512				Amou	int o	f Each	n Dis	sburse	men	t this	Period
Purpose of Disbursement Contribution		0	11							10	00.00)
Candidate Name Rep. Kathleen A. Dahlkemper		Cat	egory/ ype									
Senate X President	ement For: 2010 Primary General Other (specify)				Contr	ibut	ion					
State: PA District: 03 Full Name (Last, First, Middle Initial)				+								
Buck McKeon For Congress					Date	of D	isburs	eme	16928 ent			
Mailing Address 23942 Lyons Ave #105					0 ^M 3	М	[′]	3 3] / L	ž	o ŏ s	e ^Y
City Santa Clarita	State Zip Code CA 91321				Amou	int o	f Each	n Dis	sburse		-	
Purpose of Disbursement Contribution		0	11						•	20	00.00)
Candidate Name Rep. Howard P. McKeon			egory/ ype									
X	ement For: 2010 Primary General Other (specify)				Contr	ibut	ion					
Full Name (Last, First, Middle Initial)					_						,	
Joe Wilson For Congress Committee					Date	of D	isburs	eme				V
Mailing Address Post Office Box 2145					0 ^M 3	М	[′]	3]	Ž	o ŏ s	9 '
City West Columbia	State Zip Code SC 29171				Amou	int o	f Each	n Dis	sburse	men	t this	Period
Purpose of Disbursement Contribution		0	11					0		40	00.00)
Candidate Name Rep. Joe Wilson			egory/ ype									
Senate X President	ement For: 2010 Primary General Other (specify)				Contr	ibut	ion					
State: SC District: 02												
SUBTOTAL of Disbursements This Page (optional)			. •							700	0.00)

TOTAL This Period (last page this line number only)

IT		Use sep	arate schedule(s)	FOR LINE	
_	EMIZED DISBURSEMENTS		category of the Summary Page	(check only 21b 27	22 X 23 24 25 2 28a 28b 28c 29
	y Information copied from such Reports and Stat or commercial purposes, other than using the na				
$\sum_{i=1}^{n}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC	ino and addre	os or any political		Note Contributions from Such Committee
	Full Name (Last, First, Middle Initial) Joe Wilson For Congress Committee				Transaction ID: 16928968 Date of Disbursement
	Mailing Address Post Office Box 2145				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Y \\ Z & O & Q & Y \end{bmatrix}$
	City West Columbia	State SC	Zip Code 29171		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name			011	1000.00
	Rep. Joe Wilson	rsement For:	2010	Category/ Type	
	Office Sought: X House Senate President State: SC District: 02	Primary Other (spe	X General		Contribution
	Full Name (Last, First, Middle Initial) Chet Edwards For Congress				Transaction ID: 16928969 Date of Disbursement
	Mailing Address PO Box 23273				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & O \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y \\ O & O \end{smallmatrix} O & O \end{bmatrix} $
	City	State	Zip Code		Amount of Each Disbursement this Perio
	Waco	TX	76702		7 tillodin of Each Bioderochicin tillo i one
	Waco Purpose of Disbursement Contribution			011	2500.00
	Waco Purpose of Disbursement			011 Category/ Type	
	Waco Purpose of Disbursement Contribution Candidate Name Rep. Chet Edwards Office Sought: X House Senate President Disbur		76702 2010 General	Category/	
	Waco Purpose of Disbursement Contribution Candidate Name Rep. Chet Edwards Office Sought: X House Disbursement Senate	TX rsement For: X Primary	76702 2010 General	Category/	Contribution Transaction ID: 16928971 Date of Disbursement
	Waco Purpose of Disbursement Contribution Candidate Name Rep. Chet Edwards Office Sought: X House Senate President State: TX District: 17 Full Name (Last, First, Middle Initial)	TX rsement For: X Primary	76702 2010 General	Category/	Contribution Transaction ID: 16928971
	Waco Purpose of Disbursement Contribution Candidate Name Rep. Chet Edwards Office Sought: X House Senate President State: TX District: 17 Full Name (Last, First, Middle Initial) Dirigo PAC	TX rsement For: X Primary	76702 2010 General	Category/	Contribution Transaction ID: 16928971 Date of Disbursement M M M D D D Y Y Y Y O Y 9 Y Amount of Each Disbursement this Perio
	Waco Purpose of Disbursement Contribution Candidate Name Rep. Chet Edwards Office Sought: Senate President State: TX District: 17 Full Name (Last, First, Middle Initial) Dirigo PAC Mailing Address P.O. Box 1355 City Alexandria Purpose of Disbursement 2009 Contribution	rsement For: X Primary Other (spe	76702 2010 General ecify) ▼	Category/	Contribution Transaction ID: 16928971 Date of Disbursement M M M / D D D / Y Y Y O Y 9 Y
	Waco Purpose of Disbursement Contribution Candidate Name Rep. Chet Edwards Office Sought: X House Senate President State: TX District: 17 Full Name (Last, First, Middle Initial) Dirigo PAC Mailing Address P.O. Box 1355 City Alexandria Purpose of Disbursement 2009 Contribution Candidate Name Dirigo PAC	rsement For: X Primary Other (spe	76702 2010 General ecify) ▼	Category/ Type	Contribution Transaction ID: 16928971 Date of Disbursement M M M D D D Y Y Y Y O Y 9 Amount of Each Disbursement this Perio
	Waco Purpose of Disbursement Contribution Candidate Name Rep. Chet Edwards Office Sought: X House Senate President State: TX District: 17 Full Name (Last, First, Middle Initial) Dirigo PAC Mailing Address P.O. Box 1355 City Alexandria Purpose of Disbursement 2009 Contribution Candidate Name Dirigo PAC	rsement For: X Primary Other (spe	2010 General ecify) ▼ Zip Code 22313	Category/ Type 011 Category/	Contribution Transaction ID: 16928971 Date of Disbursement M M M D D D Y Y Y Y O Y O Y Amount of Each Disbursement this Period

SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(for each category of the	s) FOR LINE (check onl	NUMBER: PAGE 53 / 83 y one)
	Detailed Summary Page	27	22 X 23 24 25 28c 29
Any Information copied from such Reports and Sta or for commercial purposes, other than using the n			
NAME OF COMMITTEE (In Full) American Hospital Association PAC	, p		
Full Name (Last, First, Middle Initial) Republican Majority Fund			Transaction ID: 16928972 Date of Disbursement
Mailing Address P.O. Box 1550			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & O & D \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & Y \\ Y & Z & O & Q & Y \end{bmatrix}$
City Ponca City	State Zip Code OK 74602		Amount of Each Disbursement this Perio
Purpose of Disbursement 2009 Contribution		011	2500.00
Candidate Name Republican Majority Fund		Category/ Type	
Senate President	ursement For: Primary Genera Other (specify) ▼		2009 Contribution
State: District: Full Name (Last, First, Middle Initial) Citizana For Pupping			Transaction ID: 16928974
Citizens For Bunning			Date of Disbursement 0 3 / 0 6 / 2 0 0 9
Mailing Address 1717 Dixie Highway S	Suite 180		03 06 2009
City Ft Wright	State Zip Code KY 41011		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution		011	1500.00
Candidate Name Sen. James Bunning		Category/ Type	
Office Sought: House Disbute X Senate President State: KY District:	x Primary		Contribution
Full Name (Last, First, Middle Initial) Georgians For Isakson			Transaction ID: 16928975 Date of Disbursement
Mailing Address Post Office Box 2501	16		$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 6 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
City Atlanta	State Zip Code GA 30325		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Sen. Johnny Isakson		Category/ Type	
Office Sought: House Disbute	x Primary Genera Other (specify) ▼	<u>'</u>	Contribution
State: GA District:			

	CHEDULE B (FEC FOIIII 3)	/ Use separate schedule(s)			E NUMBER: PAGE 54 / 83
	EMIZED DISBURSEMENT	Detailed Summary Page		È	21b 27	22 X 23 24 25 28 28b 28c 29
	y Information copied from such Reports ar for commercial purposes, other than using					n for the purpose of soliciting contributions solicit contributions from such committee
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAG		<u></u>			
	Full Name (Last, First, Middle Initial) Klein For Congress					Transaction ID: 16929738 Date of Disbursement
	Mailing Address 21301 Powerline	Road, Suite 204				03 7 06 7 2009
	City Boca Raton	State Zip Code FL 33431				Amount of Each Disbursement this Per
	Purpose of Disbursement Contribution			01		1000.00
	Candidate Name Rep. Ronald Klein		С	Categ Typ		
	Senate President	Disbursement For: 2010 X Primary Genera Other (specify) ▼				Contribution
	State: FL District: 22 Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress					Transaction ID: 16930384 Date of Disbursement
	Mailing Address 235 Montgomery Suite 610	Street				M3 M / D0 6 / Y 2009
	City San Francisco	State Zip Code CA 94104				Amount of Each Disbursement this Per
	Purpose of Disbursement Contribution			01		2500.00
	Candidate Name Rep. Nancy Pelosi		C	Categ Typ	jory/ e	
	Office Sought: X House Senate President State: CA District: 08	Disbursement For: 2010 X Primary Genera Other (specify) ▼	•			Contribution
	Full Name (Last, First, Middle Initial) Tiberi For Congress					Transaction ID: 16930386 Date of Disbursement
	Mailing Address 2021 E Dublin Gr Suite 2000	anville Road				03 7 06 7 2009
	City Columbus	State Zip Code OH 43229				Amount of Each Disbursement this Per
	Purpose of Disbursement Contribution			01		1000.00
	Candidate Name Rep. Patrick J. Tiberi		$\perp^{\sf c}$	Categ Typ		
	Office Sought: X House Senate President State: OH District: 12	Disbursement For: 2010 X Primary Genera Other (specify) ▼				Contribution
	State, Out District 17					T.

	CHEDOLE B (I LC I OIII 3X)	Use separate schedule(s	()		OR LINE heck onl		n.		L	FAGI	= 55/8	53
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	Х	23 28b	ш.	4 8c	25 29	
	y Information copied from such Reports and Stat- for commercial purposes, other than using the na											3
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC											
<u></u>	Full Name (Last, First, Middle Initial) Brady For Congress Mailing Address P.O. Box 8277					Date		sburse		93038	9 2 0 0 9) Y
	City	State Zip Code					ınt of				nt this F	
	The Woodlands Purpose of Disbursement	TX 77387	Г							1	000.00)
	Contribution Candidate Name Rep. Kevin Brady		C	01 ate	gory/							
	Office Sought: X House Senate President State: TX District: 08	sement For: 2010 X Primary General Other (specify)				Contr	ibuti	ion				
	Full Name (Last, First, Middle Initial) Capuano For Congress Committee							on ID:		93039	2	
	Mailing Address PO Box 440305					0 ^M 3	M /	^D 0	6	Υ	ž o ŏ s) Y
	City Somerville	State Zip Code MA 02144				Amou	int of	Each	Disbu		nt this F	
	Purpose of Disbursement Contribution Candidate Name Rep. Michael E. Capuano		1	01 ate	gory/	L.				1	000.00)
	Office Sought: X House Disbur	sement For: 2010 X Primary General Other (specify)	1	• 71		Contr	ibuti	ion				
	Full Name (Last, First, Middle Initial) Sam Farr for Congress					Date	of Di	sburse	ement	93039	_	
	Mailing Address 1010 S Street					0 3	M /	□0	6	Y	žošs) [`]
	City Sacramento	State Zip Code CA 95814				Amou	int of	Each	Disbu		nt this F	-
	Purpose of Disbursement Contribution			01		L.		•		1	00.00)
	Candidate Name Rep. Sam Farr			ate Ty	gory/ oe							
		sement For: 2010 X Primary General Other (specify)				Contr	ibuti	ion				
	'										00.00	

FE6AN026

	CHEDOLE B (I LC I OIIII 5X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 56 / 83 (check only one)
IT 	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
	for commercial purposes, other than using the		y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress Mailing Address P.O. Box 2232		Transaction ID: 16930394 Date of Disbursement M 3 M / D D D / Y Y Y O Y Y O 3 D D / Y Y O D D O D O D O D O D O D O D O D O
	City Jenkintown	State Zip Code PA 19046	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name		011 Category/
	Rep. Allyson Y. Schwartz Office Sought: X House Senate President State: PA District: 13	ursement For: 2010 X Primary General Other (specify)	Type Contribution
	Full Name (Last, First, Middle Initial) Sestak For Congress Mailing Address P.O. Box 16		Transaction ID: 16930395 Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Media Purpose of Disbursement	State Zip Code PA 19063	Amount of Each Disbursement this Period
	Contribution Candidate Name Rep. Joe Sestak		011 Category/ Type
	Office Sought: X House Senate President State: PA District: 07	ursement For: 2010 X Primary General Other (specify) ▼	Contribution
	Full Name (Last, First, Middle Initial) Charlie Melancon Campaign Committe	e Inc	Transaction ID: 16930396 Date of Disbursement
	Mailing Address PO Box 549		03 0 6 7 2 0 0 9
	City Napoleonville	State Zip Code LA 70390	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name Rep. Charles Melancon		011 Category/ Type
	<u> </u>	ursement For: 2010 X Primary General Other (specify) ▼	Contribution
	UBTOTAL of Disbursements This Page (option	-10	5400.00

		Use separate schedule(s)		check only	NUMBER: PAGE 57/83 vone)
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and St for commercial purposes, other than using the				
Λ	NAME OF COMMITTEE (In Full)				
V	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				Transaction ID: 16930397
	Steve Israel For Congress Committee				Date of Disbursement
	Mailing Address PO Box 777				$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 6 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}^{Y}$
	City Deer Park	State Zip Code NY 11729			Amount of Each Disbursement this Period
	Purpose of Disbursement	1			1000.00
	Contribution Candidate Name)11	
	Rep. Steve J. Israel			egory/ ype	
	Senate	X Primary General			Contribution
	State: NY District: 02	Other (specify)			
	Full Name (Last, First, Middle Initial)				Transaction ID: 16930399
	Boucher For Congress Committee				Date of Disbursement
	Mailing Address PO Box 2000				03 7 10 7 2009
	City Abingdon	State Zip Code VA 24212			Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution		O	011	1000.00
	Candidate Name Rep. Rick Boucher			egory/ ype	
	Senate President	ursement For: 2010 X Primary General Other (specify) ▼		<i>7</i> 1	Contribution
	State: VA District: 09 Full Name (Last, First, Middle Initial)				Transaction ID: 16930400
	John D. Dingell For Congress				Date of Disbursement
	Mailing Address 607 14th Street, Nw Suite 800				03
	City Washington	State Zip Code DC 20005			Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution		Ö	011	1000.00
	Candidate Name Rep. John D. Dingell			egory/ ype	
	X	ursement For: 2010 X Primary General			Contribution
	Senate President	Other (specify)			
		Other (specify) ▼			

IT		Use separate schedule		(che	eck only	one)						
_	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		$\dot{\Box}$	21b 27	22 28a		3 18b	24 28		25 29	26 30
	y Information copied from such Reports and State for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)											
	American Hospital Association PAC											
•	Full Name (Last, First, Middle Initial) Schauer For Congress					Transa Date o		ourser				V
	Mailing Address PO Box 100					0 3		1	0		ž o ŏ 9	
	City Battle Creek	State Zip Code MI 49016				Amour	nt of E	Each [Disbur		nt this F	-
	Purpose of Disbursement Contribution Candidate Name		_	011 atego	ory/					10	00.00	•
	Senate	sement For: 2010 X Primary Genera		Туре		Contri	butio	n				
_	State: MI District: 07 Full Name (Last, First, Middle Initial)	Other (specify)				Transa				3040	2	
	Jesse Jackson Jr For Congress Mailing Address P.O. Box 490286					Date o	_	D	nent	Y	ž 0 Ŏ 9	Y
	City Chicago	State Zip Code IL 60649				Amour	nt of E	Each [Disbur		nt this F	
	Chicago Purpose of Disbursement Contribution Candidate Name	•	Ca	011 atego	,	Amour	nt of E	Each [Disbur		nt this F	
	Chicago Purpose of Disbursement Contribution Candidate Name Rep. Jesse L. Jackson, Jr. Office Sought: X House Disbur	•	Ca	-	,	Amour	•		Disbur			
	Chicago Purpose of Disbursement Contribution Candidate Name Rep. Jesse L. Jackson, Jr. Office Sought: X House Senate President Disbur	sement For: 2010 X Primary General	Ca	atego	,	Contril Transa Date o	butio	on n ID: ourser	1693 ment	3040	5	
	Chicago Purpose of Disbursement Contribution Candidate Name Rep. Jesse L. Jackson, Jr. Office Sought: X House Senate President State: IL District: 02 Full Name (Last, First, Middle Initial)	sement For: 2010 X Primary General	Ca	atego	,	Contril	butio	on n ID:	1693 ment	3040	000.00	
	Chicago Purpose of Disbursement Contribution Candidate Name Rep. Jesse L. Jackson, Jr. Office Sought: X House Senate President State: IL District: 02 Full Name (Last, First, Middle Initial) Leadership of Today & Tomorrow	sement For: 2010 X Primary General	Ca	atego	,	Transa Date o	butic	on n ID: ourser	1693 ment	20 8040 Y 2	5 2 0 0 9	Period
	Chicago Purpose of Disbursement Contribution Candidate Name Rep. Jesse L. Jackson, Jr. Office Sought: X House Senate President State: IL District: 02 Full Name (Last, First, Middle Initial) Leadership of Today & Tomorrow Mailing Address PO Box 261060 City	sement For: 2010 X Primary General Other (specify)	Ce	atego	iry/	Transa Date o	butic	on n ID: ourser	1693 ment	20 8040 Y 2	5 Ž o ŏ s	Y
	Chicago Purpose of Disbursement Contribution Candidate Name Rep. Jesse L. Jackson, Jr. Office Sought: X House Senate President State: IL District: 02 Full Name (Last, First, Middle Initial) Leadership of Today & Tomorrow Mailing Address PO Box 261060 City Los Angeles Purpose of Disbursement 2009 Contribution Candidate Name	sement For: 2010 X Primary General Other (specify)	Ca	Type 011	iry/	Transa Date o	butic	n ID: purser	1693 nent 7	20 8040 Y 2	5 2 0 0 9	Period

	CHEDULE B (FEC Form 3X)	Use separate schedule(s	:\ I	-	NUMBER: PAGE 59/8	83
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(c	heck only	22 X 23 24 25	
				27	28a 28b 28c 29	
	y Information copied from such Reports and Stat or commercial purposes, other than using the na					5
$\overline{}$	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
	Full Name (Last, First, Middle Initial)				Transaction ID: 16930406	
	Green Mountain PAC				Date of Disbursement	Υ
	Mailing Address PO Box 1142				$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix}$	9
	City Montpelier	State Zip Code VT 05601			Amount of Each Disbursement this F	Perio
	Purpose of Disbursement	V1 03001	T		1000.00)
	2009 Contribution		01	_		
	Candidate Name Green Mountain PAC		Cateo	• •		
		rsement For:	-		2009 Contribution	
	Senate President	Primary General Other (specify)				
	State: District:	- (spee 5) V				
	Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln				Transaction ID: 16930407	
	Friends Of Biariche Lincoln				Date of Disbursement	Υ
	Mailing Address PO Box 3197				$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix}$	9
	City Little Rock	State Zip Code AR 72203			Amount of Each Disbursement this F	Perio
	Purpose of Disbursement		0.4	,	1000.00)
	Contribution Candidate Name		01 Cate			
	Sen. Blanche Lambert Lincoln		Тур			
	Office Sought: House Disbu	rsement For: 2010 X Primary General			Contribution	
	President	Other (specify)				
	State: AR District: Full Name (Last, First, Middle Initial)					
	Friends Of Blanche Lincoln				Transaction ID: 16930408 Date of Disbursement	
	Mailing Address PO Box 3197				0 3 M / D 1 7 Y Y 2 0 0 9) Y
	City Little Rock	State Zip Code AR 72203			Amount of Each Disbursement this F	Perio
	Purpose of Disbursement Contribution		01	1	1500.00)
	Candidate Name Sen. Blanche Lambert Lincoln		Cateo	gory/		
		rsement For: 2010	1 '71	,- -	Contribution	
	X Senate President	Primary X General			Contribution	
	State: AR District:	Other (specify)				

JT	CHEDULE B (FEC Form	y Use sepa	arate schedule(s)		NUMBER: PAGE 60 / 83
••	EMIZED DISBURSEMEN	TS for each	category of the Summary Page	(check only	y one) 22 X 23 24 25 28a 28b 28c 29 1
				d by any person t	for the purpose of soliciting contributions
or	for commercial purposes, other than using NAME OF COMMITTEE (In Full)	ng the name and addre	ess of any political	committee to so	ilcit contributions from such committee
\rangle	American Hospital Association P	AC			
	Full Name (Last, First, Middle Initial) Arcuri For Congress				Transaction ID: 16930409 Date of Disbursement
	Mailing Address P.O. Box 8508				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ I & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ I & I & I \end{smallmatrix} \end{bmatrix} $
	City Utica	State NY	Zip Code 13505		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			011	1000.00
	Candidate Name Rep. Michael A. Arcuri	L 5		Category/ Type	
	Office Sought: X House Senate President	Disbursement For: X Primary Other (spe	2010 General ecify)		Contribution
	State: NY District: 24 Full Name (Last, First, Middle Initial)				Transaction ID: 16930410
	Committee To Re-Elect Nydia M.	Velazquez To Con	gre		Date of Disbursement
	Mailing Address 315 Inspiration	Lane			$ \begin{bmatrix} 0 & 3 & \\ 0 & 3 & \\ \end{bmatrix} \begin{bmatrix} 0 & 1 & 7 \\ 0 & 1 & 7 \end{bmatrix} \begin{bmatrix} 0 & 1 & 7 \\ 0 & 2 & 0 & 0 & 9 \end{bmatrix} $
	City Gaithersburg	State MD	Zip Code 20878		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			011	2500.00
				Category/	
	Candidate Name Rep. Nydia M. Velazquez			Type	
	Rep. Nydia M. Velazquez Office Sought: X House Senate President	Disbursement For: X Primary Other (spe	2010 General		Contribution
	Rep. Nydia M. Velazquez Office Sought: X House Senate President State: NY District: 12	X Primary	General		
	Rep. Nydia M. Velazquez Office Sought: X House Senate President	X Primary	General		Transaction ID: 16930411 Date of Disbursement
	Rep. Nydia M. Velazquez Office Sought: X House Senate President State: NY District: 12 Full Name (Last, First, Middle Initial)	X Primary Other (spe	General		Transaction ID: 16930411
	Rep. Nydia M. Velazquez Office Sought: X House Senate President State: NY District: 12 Full Name (Last, First, Middle Initial) Matheson For Congress Mailing Address P.O. Box 52104 Suite A City Salt Lake City	X Primary Other (spe	General		Transaction ID: 16930411 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Rep. Nydia M. Velazquez Office Sought: X House Senate President State: NY District: 12 Full Name (Last, First, Middle Initial) Matheson For Congress Mailing Address P.O. Box 52104 Suite A City Salt Lake City Purpose of Disbursement Contribution	X Primary Other (spe	General ecify) ▼ Zip Code	Type 011	Transaction ID: 16930411 Date of Disbursement O 3
	Rep. Nydia M. Velazquez Office Sought: X House Senate President State: NY District: 12 Full Name (Last, First, Middle Initial) Matheson For Congress Mailing Address P.O. Box 52104 Suite A City Salt Lake City Purpose of Disbursement Contribution Candidate Name Rep. James D. Matheson	X Primary Other (spe	General ecify) ▼ Zip Code 84152	Type	Transaction ID: 16930411 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Rep. Nydia M. Velazquez Office Sought: X House Senate President State: NY District: 12 Full Name (Last, First, Middle Initial) Matheson For Congress Mailing Address P.O. Box 52104 Suite A City Salt Lake City Purpose of Disbursement Contribution Candidate Name Rep. James D. Matheson Office Sought: X House Senate President	X Primary Other (spe	General ecify) Zip Code 84152 2010 General	Type 011 Category/	Transaction ID: 16930411 Date of Disbursement M M M / D D / Y Y Y O Y Y Amount of Each Disbursement this Period
	Rep. Nydia M. Velazquez Office Sought: X House Senate President State: NY District: 12 Full Name (Last, First, Middle Initial) Matheson For Congress Mailing Address P.O. Box 52104 Suite A City Salt Lake City Purpose of Disbursement Contribution Candidate Name Rep. James D. Matheson Office Sought: X House Senate	X Primary Other (spe	General ecify) Zip Code 84152 2010 General	Type 011 Category/	Transaction ID: 16930411 Date of Disbursement M M / D 1 D / Y Y Y O Y Y Amount of Each Disbursement this Period 1500.00

		Use separate schedule(s	()	_)K LINE neck only	-					àE 61/	00
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	Х	23 28b	\square	24 28c	25 29	2 3
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam											S
\setminus	NAME OF COMMITTEE (In Full)											
V	American Hospital Association PAC											
	Full Name (Last, First, Middle Initial) Yarmuth For Congress					Trans			_		12	
	Mailing Address 1819 Brownsboro Road						M /		7	Y	ž 0 ŏ	9 ^Y
	Suite 100	State Zip Code				Amou	nt of	Each	Dich	ırcon	nent this	Poriod
	Louisville	KY 40202				Alliou	TIL OI	Lacii	וטוטוו	-		
	Purpose of Disbursement Contribution			01	1		-	-			1000.0	J
	Candidate Name Rep. John A. Yarmuth			ateg Typ								
	Senate X President	ement For: 2010 Primary General Other (specify)				Contr	ibut	ion				
_	State: KY District: 03 Full Name (Last, First, Middle Initial)					Trans	ooti	on ID	. 16	0204	10	
	Butterfield For Congress Committee					Date of		sburs	ement			Υ
	Mailing Address PO Box 2571					0 3		1	7	Ľ	žoŏ	9
	City Wilson	State Zip Code NC 27894				Amou	nt of	Each	Disb		ent this	
	Purpose of Disbursement Contribution			01	1						1000.0	0
	Candidate Name Rep. George K. Butterfield		1	ateg Typ	,							
		ement For: 2010 Primary General Other (specify)	1			Contr	ibut	ion				
	Full Name (Last, First, Middle Initial) Friends Of Lois Capps					Trans					14	
	Mailing Address PO Box 23940					0 ^M 3	M	1	7	Y	žoŏ	9 ^Y
	City Santa Barbara	State Zip Code CA 93121				Amou	nt of	Each	Disb	ursen	ent this	Period
	Purpose of Disbursement Contribution		Г	01	1						1000.0	0
	Candidate Name Rep. Lois Capps			ateg Typ	ory/ e							
	X III	ement For: 2010 Primary General Other (specify)	1	71-		Contr	ibut	ion				
	State. UA DISTITUT. 23						_					

			-		arate schedule(s)			check on	= NUMBE lv one)			L		62/	
		SBURSEMEN		Detailed S	category of the Summary Page		È	21b 27	22 28a	X	23 28b	2	4 8c	25 29	
		ed from such Reports rposes, other than using													3
1 \	NAME OF COM	, ,													
	American Hos	oital Association P	AC												
	Full Name (Last, Carnahan In C	First, Middle Initial)											3041	5	
			D 1 01							M	sburse 1	7 7	Υ	ž 0 ŏ 9	a Y
	Mailing Address	7370 Manchest													
	City St. Louis			State MO	Zip Code 63143				Amou	ınt o	Each	Disbu	irseme	nt this f	Period
	Purpose of Disbu	irsement				Г	01	14	L.				1	00.00)
	Candidate Name Rep. Russ Car	mahan				С	ate	gory/							
	Office Sought:	X House Senate President		ment For: Primary Other (spe	2010 General		Тур	pe	Contr	ibut	ion				
	State: MO	District: 03													
	,	First, Middle Initial) ect Rick Larsen							Date	of D	sburse	ement	3041		
	Mailing Address	PO Box 326							0 ^M 3	М	1	7	Y	žoŏs) Y
	City Everett			State WA	Zip Code 98206				Amou	ınt o	Each	Disbu		nt this f	
	Purpose of Disbu Contribution	irsement					01	11					1	500.00)
	Candidate Name Rep. Rick Lars	en					ate Typ	gory/ pe							
	Office Sought:	X House Senate President District: 02		ment For: Primary Other (spe	2010 General				Contr	ibut	ion				
	Full Name (Last,	First, Middle Initial) uez for Congress									on ID:		3041	8	
	Mailing Address	P.O. Box 14528	3						0 ^M 3	М	1	7 /	Υ	žoós) Y
	City San Antonio			State TX	Zip Code 78214				Amou	ınt o	Each	Disbu	irseme	nt this I	Perio
	Purpose of Disbu Contribution	rsement				Г	01	11	L.				1	00.00)
	Candidate Name Rep. Ciro D. R	odriguez					_	gory/							
	Office Sought:	X House Senate President		ment For: Primary Other (spe	2010 General		71		Contr	ibut	ion				
	State: TX	District: 23													
)

		B (FEC Form	Juse	separate sched	uie(s) /	OR LINE check only	NUMBER: PAGE 63 / 83
ITI	EMIZED DI	SBURSEMEN		ach category of iled Summary F	tne	21b 27	22 X 23 24 25 28 28a 28b 28c 29
							or the purpose of soliciting contributions icit contributions from such committee
\	NAME OF COM	•		71			
	Full Name (Last, Courtney For (First, Middle Initial) Congress					Transaction ID: 16930419 Date of Disbursement
	Mailing Address	38 Risley Road	t				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 7 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & O & O \\ 2 & O & O & O \end{bmatrix}^Y$
	City Vernon		State CT	Zip Code 06066			Amount of Each Disbursement this Perio
	Purpose of Disbu	ırsement				11	1000.00
	Candidate Name Rep. Joseph D		I Distance of E	0046	Ту	egory/ ype	
	Office Sought:	X House Senate President	Disbursement F X Prima Other		neral		Contribution
	,	District: 02 First, Middle Initial) Congress Commit	ttee				Transaction ID: 16930420 Date of Disbursement
	Mailing Address	Post Office Box	x 1428				$\begin{bmatrix}\begin{smallmatrix}M\\0\end{smallmatrix}3^{M}\end{smallmatrix} \begin{bmatrix}\begin{smallmatrix}D\\1\end{smallmatrix}7^{D}\end{smallmatrix} \begin{bmatrix}\begin{smallmatrix}Y\\2\end{smallmatrix}0\end{smallmatrix}0\end{smallmatrix}9^{Y}$
	City Seaford		State NY	Zip Code 11783			Amount of Each Disbursement this Perio
	Purpose of Disbu	rsement			0	11	1000.00
	Candidate Name Rep. Peter T. I	King				egory/ ype	
	Office Sought: State: NY	X House Senate President District: 03	Disbursement F X Primal Other		neral		Contribution
	Full Name (Last, Friends Of Da	First, Middle Initial) ve Reichert	1				Transaction ID: 16930421 Date of Disbursement
	Mailing Address	P. O. Box 5332	22				$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & 1 & D \\ 1 & 7 \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & 2 & 0 & 0 & 9 \\ & 2 & 0 & 0 & 9 \end{bmatrix} $
	City Bellevue		State WA	Zip Code 98015			Amount of Each Disbursement this Perio
	Purpose of Disbu Contribution	rsement				11	2500.00
	Candidate Name	orge Reichert			Ту	egory/ /pe	
		- III	D: 1		1		
	Rep. David Ge Office Sought:	X House Senate President	Disbursement F X Prima Other		neral		Contribution

	CHEDOLL B (I LOT OHII 3X)	Use separate schedule(s	s)		OR LINE heck only	-	п.		L	FAGL	: 64 / 8	55
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ë	21b 27	22 28a	Х	23 28b	2	4 3c	25 29	
	y Information copied from such Reports and S for commercial purposes, other than using the											5
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC											
<u>/</u>	Full Name (Last, First, Middle Initial) Friends Of Ginny Brown-Waite Mailing Address P.O. Box 865						of D	isburs	: 169 ement 7		2 2 0 0 9) ^Y
	City Brooksville	State Zip Code FL 34605				Amou	ınt o	f Each	Disbu	rseme	nt this F	Period
	Purpose of Disbursement Contribution Candidate Name Rep. Virginia Brown-Waite			01 ateo	gory/		•	•		10	00.00)
	· · ·	oursement For: 2010 X Primary General Other (specify)	<u> </u>	' У		Contr	ibut	ion				
	Full Name (Last, First, Middle Initial) Pallone For Congress Mailing Address PO Box 3176					Date		isburs	: 169 ement 7		3 2 0 0 9) Y
	City Long Branch	State Zip Code NJ 07740				Amou	int o	f Each	Disbu		nt this F	-
	Purpose of Disbursement Contribution Candidate Name Rep. Frank Pallone, Jr.			01 ateg	gory/			•		2	00.00	
		oursement For: 2010 X Primary General Other (specify)	1	- 71		Contr	ibut	ion				
	Full Name (Last, First, Middle Initial) Tim Bishop For Congress					Date		isburs				V
	Mailing Address PO Box 437					0 3	IVI	1	^D 7		ž o ŏ s)
	City Farmingville	State Zip Code NY 11738				Amou	int o	f Each	Disbu		nt this F	
	Purpose of Disbursement Contribution Candidate Name Rep. Timothy Bishop			01 ateg	gory/			•		. 10	00.00	
		oursement For: 2010 X Primary General Other (specify)	1	- 71		Contr	ibut	ion				
		onal)					_			40	00.00	

	CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)			R LINE			R:			Р	AGE	65 /	83	
Π _	EMIZED DISBURSEMENTS		category of the Summary Page			21b 27		22 28a	X	23 28b		24 28c	,	25 29] 2 3
	ny Information copied from such Reports and Stater for commercial purposes, other than using the nam														s	
\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	NAME OF COMMITTEE (In Full)	ic and address	33 of any political	COII			Onc	it conti	ibut.	0113 11	OII	30011	COITII	TIILLOC		
	American Hospital Association PAC															
<u></u>	Full Name (Last, First, Middle Initial) Higgins For Congress							Trans Date of					0425	5		
	Mailing Address PO Box 28							0 3	М	/ D	1 7	? /	Y 2	o ŏ	9 ^Y	
	City Buffalo	State NY	Zip Code 14220					Amou	nt o	f Each	n D	isburs	-	-		od
	Purpose of Disbursement Contribution			Γ	01	1			-				25	00.00	Ď	_
	Candidate Name Rep. Brian M. Higgins			С	ateg Typ	ory/ e										
	Senate X President	ement For: Primary Other (spe	2010 General ecify) ▼					Contri	but	ion						
	State: NY District: 27															
	Full Name (Last, First, Middle Initial) Friends Of Congressman Tim Holden							Trans Date of	of D	sburs	em	ent				
	Mailing Address 18 N. Second St., Box 3 PO Box 37	7						0 3	М	/ D.	1 7	? /	ž	o ŏ	9 ^Y	
	City Saint Clair	State PA	Zip Code 17970					Amou	nt o	f Each	n D	isburs				od
	Purpose of Disbursement Contribution				01	1			0			-	10	00.00	Ò	_
	Candidate Name Rep. Tim Holden			С	ateg Typ	ory/ e										
	0 1	ement For: C Primary Other (spe	2010 General ecify) ▼					Contri	but	ion						
_	Full Name (Last, First, Middle Initial) Patrick Murphy For Congress							Trans Date of					0427	7		
	Mailing Address P.O. Box 868							0 3	М	/ D	1 7	? /	Y 2	o ŏ	9 ^Y	
	City Levittown	State PA	Zip Code 19058					Amou	nt o	f Each	n D	isburs	emen	nt this	Peri	od
	Purpose of Disbursement Contribution			Г	01	1							20	00.00	ò	
	Candidate Name Rep. Patrick Murphy			С	ateg Typ	ory/ e										
	Senate X President	ement For: Primary Other (spe	2010 General					Contri	but	ion						
Г	State: PA District: 08								_		_					_
۱,	SUBTOTAL of Disbursements This Page (optional)					•							55	00.00	Ò	

C.

SCHEDULE B (FEC Form 3X)		te schedule(s)			OR LIN			R:			PA	GE	66 /	83	
ITEMIZED DISBURSEMENTS	for each cat Detailed Su	egory of the mmary Page		È	21b 27	Á	22 28a	Х	23 28b	\vdash	24 28c	Н	25 29		26 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam														S	
NAME OF COMMITTEE (In Full) American Hospital Association PAC															
Full Name (Last, First, Middle Initial) Jackie Speier For Congress Mailing Address Post Office Box 112							Trans Date o		sburs				o ŏ s	9 ^Y	
City Burlingame		Zip Code 94011					Amou	nt o	f Each	Disb	urse	men	t this	Perio	od
Purpose of Disbursement Contribution Candidate Name	OA .	54011	Са	ate	11 egory/							20	00.00)	
· -	ement For: Primary Other (specif	2010 General y) V		Ту	rpe		Contri	but	ion						
Full Name (Last, First, Middle Initial) Becerra For Congress Mailing Address P.O. Box 261060							Trans Date of		sburs	-			0 Ŏ S	9 ^Y	
City Los Angeles		Zip Code 90026					Amou	nt o	f Each	Disb	urse	men	t this	Perio	od
Purpose of Disbursement Contribution Candidate Name				-	11							50	00.00))	
Rep. Xavier Becerra Office Sought: X House Disburse	ement For: Primary Other (specif	2010 General y) ▼			pe		Contri	but	ion						
Full Name (Last, First, Middle Initial) Senate Victory Fund PAC							Trans Date o		sburs	emen				Y	
Mailing Address 507 Capitol Court NE #100							0 3		1	7	L	2	o ŏ s	9	
City Washington		Zip Code 20002					Amou	nt o	f Each	Dist	urse	-			od
Purpose of Disbursement 2009 Contribution				0	11			0	-			οŪ	00.00	,	
Candidate Name Senate Victory Fund PAC					egory/ rpe										
Senate President	ement For: Primary Other (specif	General y) ▼					2009	Cor	ntribu	tion					
State: District: SUBTOTAL of Disbursements This Page (optional)								·	•		1	200	0.00)	

TOTAL This Period (last page this line number only)

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER:	P.A	GE 67	/ 83	
TEMIZED DISBURSEMENTS	for each category of the	(check on 21b	∸ —	3	☐ 25		1 26
	Detailed Summary Page	27	22 X 23 28a 28		29	\vdash	30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam							
NAME OF COMMITTEE (In Full)							
American Hospital Association PAC							
Full Name (Last, First, Middle Initial) Bennet For Colorado			Transaction Date of Disbu		431		
Mailing Address 1900 Grant Street Suite	1170		03 /	17	žoŏ	9 ^Y	
City Denver	State Zip Code CO 80203		Amount of Ea	ach Disburse	ment this	Perio	od
Purpose of Disbursement Contribution		011			1000.0	0	Ш
Candidate Name Sen. Michael F. Bennet		Category/ Type					
• -	ement For: 2010 Primary General Other (specify)	. , , , ,	Contribution	n			
Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Con	amittaa		Transaction		805		
Mailing Address 430 South Capitol Street			Date of Disbu	D D / Y	žoŏ	9 ^Y	
430 South Capitor Stree							
City Washington	State Zip Code DC 20003		Amount of Ea	ach Disburse			bd
Purpose of Disbursement 2009 Contribution		011	L		15000.0)Ů	
Candidate Name	'	Category/ Type					
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		2009 Contri	ibution			
Full Name (Last, First, Middle Initial)			Transaction	ID: 16982	806		
DAKPAC			Date of Disbu	ursement			
Mailing Address 607 14th St., NW Suite 800			03 /	24	žoó	9 ^Y	
City Washington	State Zip Code DC 20005		Amount of Ea	ach Disburse	ment this	Perio	od
Purpose of Disbursement 2009 Contribution		011	L		1000.0	0	
Candidate Name DAKPAC	1	Category/ Type					
Senate President	ement For: Primary General Other (specify)		2009 Contri	ibution			
State: District:							
SUBTOTAL of Disbursements This Page (optional)		>		1	7000.0	0	

TOTAL This Period (last page this line number only)

	CHEDULE B (FEC Form 3X)	Use sep	arate schedule(s)			OR LINE			R:				PAG	E 68	/ 83	
IT	EMIZED DISBURSEMENTS		category of the Summary Page		(CI	neck on 21b 27		22 28a	Х	23 28b			24 28c	25 29		26 30
	ly Information copied from such Reports and Stater for commercial purposes, other than using the nam															
	NAME OF COMMITTEE (In Full)	ic and addre	33 of any political	COII		100 10 3	Olicit	COIT	ibut	10113	110	III 3u	CIT COI	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		
	American Hospital Association PAC															
	Full Name (Last, First, Middle Initial) Prairieland PAC									isbur	sei	ment	98280)7		
	Mailing Address 228 S. Washington Stre Suite B-20	et						0 3	М	/ D	2	4	Y	žοŏ	9 ^Y	
	City Alexandria	State VA	Zip Code 22314				,	Amou	ınt o	f Eac	h I	Disbu	ırsem	ent this	Peri	od
	Purpose of Disbursement 2009 Contribution			Г	01	1								500.0	00	-
	Candidate Name Prairieland PAC			С	ateg Typ	jory/ e										
	Senate President	ement For: Primary Other (spe	General ecify) ▼				2	009	Coi	ntrib	uti	on				
_	State: District: Full Name (Last, First, Middle Initial)						<u> </u>	rans	acti	on II	 D:	169	98287	70		
	Evan Bayh Committee							Date	of D	isbur	sei	ment				
	Mailing Address 850 Fort Wayne Avenue	!						0 3	М	/ D	2	4	Y	ž 0 ŏ	9 1	
	City Indianapolis	State IN	Zip Code 46204				,	Amou	ınt o	f Eac	:h I	Disbu	ırsem	ent this	Peri	od
	Purpose of Disbursement Contribution			Г	01	1						_	. 1	000.0	0	
	Candidate Name Sen. Evan Bayh			С	ateg Typ	jory/ e										
	X Senate President	ement For: Primary Other (spe	2010 X General ecify) ▼				С	ontr	ibut	ion						
	State: IN District: Full Name (Last, First, Middle Initial)												98287	71		
	Bob Filner For Congress Mailing Address PO Box 121480						-	0 3	_	isbur / D			Υ	ž 0 ŏ	9 ^Y	
	City	State	Zip Code					Amou	ınt o	f Eac	h I	Disbu	ırsem	ent this		od
	Chula Vista	CA	91912				1	-	-			_		2000.0	'n	_
	Purpose of Disbursement Contribution				01	1		-	-	-	-	-		.000.0	, o	-
	Candidate Name Rep. Bob Filner			С	ateg Typ	jory/ e										
	Senate X President	ement For: Primary Other (spe	2010 General		<u></u>		C	ontr	ibut	ion						
	State: CA District: 51															
г											-					_

ITEMIZED D			arate schedule(s)	FOR LINE	
	DISBURSEMENT	for each	category of the Summary Page	(check on 21b 27	y one) 22 X 23 24 25 28a 28b 28c 29
					for the purpose of soliciting contributions plicit contributions from such committee
NAME OF COI	MMITTEE (In Full) pspital Association PAC		os or any pomical		Short contained to its in each contained
Full Name (Las McNerney Fo	et, First, Middle Initial) or Congress				Transaction ID: 16982933 Date of Disbursement
Mailing Addres	s 6520 Village Park Second Floor	sway			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Y \\ D & Q & N \end{smallmatrix} \end{bmatrix} $
City Dublin		State CA	Zip Code 94568		Amount of Each Disbursement this Pe
Purpose of Dis Contribution Candidate Nam				011 Category/	1000.00
Rep. Jerry M	cNerney	Disbursement For:	2010	Type	
State: CA	Senate President	X Primary Other (sp	General ecify) ▼		Contribution
Full Name (Las	District: 11 st, First, Middle Initial) sublican Congressional	Committee			Transaction ID: 16989331 Date of Disbursement
Mailing Addres	s 320 First Street, S	SE			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & Q & Y \\ D & Q & Q & Q & Y \end{bmatrix}$
City Washington		State DC	Zip Code 20003		Amount of Each Disbursement this Pe
Washington Purpose of Dis 2009 Contribut	ion			011	Amount of Each Disbursement this Pe 5000.00
Washington Purpose of Dis 2009 Contribut Candidate Nam	ion ne	DC		011 Category/ Type	
Washington Purpose of Dis 2009 Contribut	ion ne		20003 General	Category/	
Washington Purpose of Dis 2009 Contribut Candidate Nam Office Sought: State:	House Senate President District: st, First, Middle Initial)	Disbursement For:	20003 General	Category/	2009 Contribution Transaction ID: 16989333 Date of Disbursement
Washington Purpose of Dis 2009 Contribut Candidate Nam Office Sought: State: Full Name (Las	House Senate President District: st, First, Middle Initial) pup PAC	Disbursement For:	20003 General	Category/	2009 Contribution Transaction ID: 16989333
Washington Purpose of Dis 2009 Contribut Candidate Nam Office Sought: State: Full Name (Las Tuesday Gro Mailing Addres City Washington	House Senate President District: it, First, Middle Initial) oup PAC S PO Box 40385	Disbursement For:	20003 General	Category/	2009 Contribution Transaction ID: 16989333 Date of Disbursement M M M D D D Y Y Y Y O Y Y Y O Y Y Y Y O Y P Amount of Each Disbursement this Pe
Washington Purpose of Dis 2009 Contribut Candidate Nam Office Sought: State: Full Name (Las Tuesday Gro Mailing Addres City Washington Purpose of Dis 2009 Contribut	House Senate President District: st, First, Middle Initial) sup PAC s PO Box 40385	Disbursement For: Primary Other (sp	20003 General ecify) ▼ Zip Code	Category/ Type	2009 Contribution Transaction ID: 16989333 Date of Disbursement Max M / Day D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Washington Purpose of Dis 2009 Contribut Candidate Nam Office Sought: State: Full Name (Las Tuesday Gro Mailing Addres City Washington Purpose of Dis 2009 Contribut Candidate Nam Tuesday Gro	House Senate President District: st, First, Middle Initial) sup PAC s PO Box 40385 bursement ion ne pup PAC	Disbursement For: Primary Other (sp	20003 General ecify) ▼ Zip Code	Category/ Type	2009 Contribution Transaction ID: 16989333 Date of Disbursement M M M D D D Y Y Y Y O Y Y Y O Y Y Y Y O Y P Amount of Each Disbursement this Pe
Washington Purpose of Dis 2009 Contribut Candidate Nam Office Sought: State: Full Name (Las Tuesday Gro Mailing Addres City Washington Purpose of Dis 2009 Contribut Candidate Nam	House Senate President District: st, First, Middle Initial) sup PAC s PO Box 40385 bursement ion ne pup PAC	Disbursement For: Primary Other (sp	Zip Code 20016	Category/ Type 011 Category/	2009 Contribution Transaction ID: 16989333 Date of Disbursement M M M D D D Y Y Y Y O Y Y Y O Y Y Y Y O Y P Amount of Each Disbursement this Pe

	(FEC Form 3X) BURSEMENTS		arate schedule(s) category of the	FOR LINE (check onl		83
		Detailed	Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29	
					for the purpose of soliciting contribution plicit contributions from such committee	
NAME OF COMM			, μ			
Full Name (Last, F Friends For Ha	First, Middle Initial) rry Reid				Transaction ID: 16989375 Date of Disbursement	
Mailing Address	P.O. Box 19163				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ O & O \end{smallmatrix} \end{bmatrix}$	9 ^Y
City Las Vegas		State NV	Zip Code 89132		Amount of Each Disbursement this	
Purpose of Disbur Contribution	sement			011	1000.0	0
Candidate Name Sen. Harry Rei	d			Category/ Type		
Office Sought:	House Disbux Senate President	x Primary Other (sp	2010 General ecify)		Contribution	
State: NV	District: First, Middle Initial)					
Stabenow For I	,				Transaction ID: 16989390 Date of Disbursement	
Mailing Address	P.O. Box 4945				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O \end{smallmatrix} \end{bmatrix}$	9 1
City East Lansing		State MI	Zip Code 48826		Amount of Each Disbursement this	Perio
Purpose of Disbur	rsement			011	1000.0	0
Candidate Name Sen. Debbie St	abenow			Category/ Type		
Office Sought:	House Disbux Senate President District:	x Primary Other (sp	2012 General ecify)	.,,,,,	2012 Contribution	
Full Name (Last, F	First, Middle Initial) Congress Committee				Transaction ID: 16989391 Date of Disbursement	
Mailing Address	PO Box 360				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ O & O \end{smallmatrix} \end{bmatrix}$	9 ^Y
City Prescott		State AR	Zip Code 71857		Amount of Each Disbursement this	
Purpose of Disbur Contribution	sement			011	1000.0	0
Candidate Name Rep. Michael A	. Ross			Category/ Type		
Office Sought:	Senate President	x Primary Other (sp	2010 General ecify)		Contribution	
State: AR	District: 04					
					3000.0	

ITE		•		separate schedule(s		NUMBER: PAGE 71 / 83
	MIZED DIS	SBURSEMEN	TS for ea	ach category of the iled Summary Page	(check onl	y one) 22 X 23 24 25 28a 28b 28c 29 1
						for the purpose of soliciting contributions blicit contributions from such committee
<u></u>	NAME OF COMM			Arcos or any pointed		Short contributions from Such Committee
	Full Name (Last, I Moore For Con	First, Middle Initial) igress				Transaction ID: 16989392 Date of Disbursement
N	Mailing Address	PO Box 16646				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Milwaukee		State WI	Zip Code 53216		Amount of Each Disbursement this Period
(Purpose of Disbu Contribution Candidate Name	rsement			011	1000.00
F	Rep. Gwen Mo Office Sought:	ore X House	Disbursement Fo	or: 2010	Category/ Type	
	State: WI	Senate President District: 04	X Primar			Contribution
F		First, Middle Initial)				Transaction ID: 16989393 Date of Disbursement
1	Mailing Address	PO Box 270701				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & 2 & O & O \end{smallmatrix} \end{bmatrix} $
	City West Hartford		State CT	Zip Code 06127		Amount of Each Disbursement this Perio
	Purpose of Disbu	rsement			011	1000.00
(Somme and the				Cotogony	
(Candidate Name Sen. Christoph	er J. Dodd			Category/ Type	
(Candidate Name Sen. Christoph Office Sought:	House X Senate President	Disbursement For X Primar Other			Contribution
- G	Candidate Name Sen. Christoph Office Sought:	House X Senate President District: First, Middle Initial)	X Primar	y General		Transaction ID: 16989394 Date of Disbursement
	Candidate Name Sen. Christoph Office Sought: State: CT Full Name (Last, I	House X Senate President District: First, Middle Initial)	X Primar	y General		Transaction ID: 16989394
6 6 7 7	Candidate Name Sen. Christoph Office Sought: State: CT Full Name (Last, I Judy Biggert Fo	House X Senate President District: First, Middle Initial) or Congress	X Primar	y General		Transaction ID: 16989394 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
6 S	Candidate Name Sen. Christoph Office Sought: State: CT Full Name (Last, I Judy Biggert Fo Mailing Address City Hinsdale Purpose of Disbu Contribution	House X Senate President District: First, Middle Initial) or Congress P.O. Box 637	X Primar Other	general (specify) ▼ Zip Code	Type O11	Transaction ID: 16989394 Date of Disbursement O 3
6	Candidate Name Sen. Christoph Office Sought: State: CT Full Name (Last, I Judy Biggert Fo Mailing Address City Hinsdale Purpose of Disbu Contribution Candidate Name Rep. Judy Bigg	House x Senate President District: First, Middle Initial) or Congress P.O. Box 637	X Primar Other	y General (specify) ▼ Zip Code 60522	Туре	Transaction ID: 16989394 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5 F S S S S S S S S S S S S S S S S S S	Candidate Name Sen. Christoph Office Sought: State: CT Full Name (Last, I Judy Biggert Fo Mailing Address City Hinsdale Purpose of Disbu Contribution Candidate Name	House x Senate President District: First, Middle Initial) or Congress P.O. Box 637	State IL Disbursement For X Primar	y General (specify) ▼ Zip Code 60522 or: 2010	Type 011 Category/	Transaction ID: 16989394 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

IT			rate schedule(s)	FOR LINE	
	EMIZED DISBURSEMENT	for each c	ategory of the Summary Page	(check only 21b 27	y one) 22 X 23 24 25 28 28 28 29 3
	Information copied from such Reports a or commercial purposes, other than using				
	NAME OF COMMITTEE (In Full) American Hospital Association PA				
<u>/</u>	Full Name (Last, First, Middle Initial) Nita Lowey For Congress				Transaction ID: 16989395 Date of Disbursement
	Mailing Address PO Box 271				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & O & O \end{smallmatrix} \end{bmatrix} \ \ \\ \begin{bmatrix} P & P & P \\ P & P \\ P & P \end{bmatrix} \ \ \\ \begin{bmatrix} P & P & P \\ \end{bmatrix} \ \ \\ \begin{bmatrix} P & P & P \\ P \\ P & P \\ P & P \\ P & P \\ P & P \\ P \\ P \\ P & P \\ P & P \\ P \\ P & P \\ P & P \\ P \\ P \\ P \\ P & P \\ P \\ P \\ P & P \\ P \\ P \\ P \\ P & P \\ P$
	City White Plains	State NY	Zip Code 10605		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			011	1000.00
	Candidate Name Rep. Nita M. Lowey Office Sought: X House	Disbursement For:	2010	Category/ Type	
	Senate President State: NY District: 18	X Primary Other (spec	General		Contribution
	Full Name (Last, First, Middle Initial) Pete King For Congress Committee	ee			Transaction ID: 16989396 Date of Disbursement
	Mailing Address Post Office Box	1428			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & Q & O \end{smallmatrix} \end{bmatrix} Y$
	City Seaford	State NY	Zip Code 11783		Amount of Each Disbursement this Period
	Seaford Purpose of Disbursement Contribution			011	Amount of Each Disbursement this Period 500.00
	Seaford Purpose of Disbursement			011 Category/ Type	
	Seaford Purpose of Disbursement Contribution Candidate Name		2010 General	Category/	
	Seaford Purpose of Disbursement Contribution Candidate Name Rep. Peter T. King Office Sought: X House Senate President	NY Disbursement For: X Primary	2010 General	Category/	Contribution Transaction ID: 16989423 Date of Disbursement
	Seaford Purpose of Disbursement Contribution Candidate Name Rep. Peter T. King Office Sought: X House Senate President State: NY District: 03 Full Name (Last, First, Middle Initial)	Disbursement For: X Primary Other (spec	2010 General	Category/	Contribution Transaction ID: 16989423
	Seaford Purpose of Disbursement Contribution Candidate Name Rep. Peter T. King Office Sought: X House Senate President State: NY District: 03 Full Name (Last, First, Middle Initial) Paul Tonko For Congress Mailing Address 911 Central Ave PO Box 221 City Albany	Disbursement For: X Primary Other (spec	2010 General	Category/	Contribution Transaction ID: 16989423 Date of Disbursement M M M / D D M / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Seaford Purpose of Disbursement Contribution Candidate Name Rep. Peter T. King Office Sought: X House Senate President State: NY District: 03 Full Name (Last, First, Middle Initial) Paul Tonko For Congress Mailing Address 911 Central Ave PO Box 221 City Albany Purpose of Disbursement Contribution	Disbursement For: X Primary Other (spec	2010 General cify) ▼	Category/ Type	Contribution Transaction ID: 16989423 Date of Disbursement M M M / D D D / Y Y Y O Y 9
	Seaford Purpose of Disbursement Contribution Candidate Name Rep. Peter T. King Office Sought: State: NY District: 03 Full Name (Last, First, Middle Initial) Paul Tonko For Congress Mailing Address Mailing Address 911 Central Ave PO Box 221 City Albany Purpose of Disbursement Contribution Candidate Name Rep. Paul Tonko	Disbursement For: X Primary Other (spec	2010	Category/ Type	Contribution Transaction ID: 16989423 Date of Disbursement M M M / D D M / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Seaford Purpose of Disbursement Contribution Candidate Name Rep. Peter T. King Office Sought: X House Senate President State: NY District: 03 Full Name (Last, First, Middle Initial) Paul Tonko For Congress Mailing Address 911 Central Ave PO Box 221 City Albany Purpose of Disbursement Contribution Candidate Name	Disbursement For: X Primary Other (spec	2010 General cify) ▼ Zip Code 12206 2010 General	Category/ Type 011 Category/	Contribution Transaction ID: 16989423 Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

IT			separate schedule(s)) FOR LINE	
	EMIZED DISBURSEME	NTS for ea	ach category of the led Summary Page	(check onl	y one) 22 X 23 24 25 28a 28b 28c 29 3
				d by any person	for the purpose of soliciting contributions slicit contributions from such committee
$\sum_{i=1}^{\infty}$	NAME OF COMMITTEE (In Full) American Hospital Association		oress or any political	i committee to se	incli contributions from such committee
<u>/</u>	Full Name (Last, First, Middle Initial) Guthrie For Congress				Transaction ID: 16989424 Date of Disbursement
	Mailing Address PO Box 9639				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & Y \end{bmatrix}$
	City Bowling Green	State KY	Zip Code 42102		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name			011	1000.00
	Rep. Brett Guthrie	Disbursement Fo	or: 2010	Category/ Type	
	Office Sought: X House Senate President State: KY District: 02	X Primar			Contribution
	Full Name (Last, First, Middle Initial) Friends Of Lois Capps				Transaction ID: 16989425 Date of Disbursement
	Mailing Address PO Box 2394	0			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & Q & Q \\ Y & 2 & O & Q & Q \end{bmatrix}$
	City	State	Zip Code		Amount of Each Disbursement this Perio
	Santa Barbara	CA	93121		
	Purpose of Disbursement Contribution	CA	93121	011	1000.00
	Purpose of Disbursement	CA	93121	011 Category/ Type	1000.00
	Purpose of Disbursement Contribution Candidate Name Rep. Lois Capps Office Sought: X House Senate President	Disbursement Fo	or:2010	Category/	1000.00 Contribution
	Purpose of Disbursement Contribution Candidate Name Rep. Lois Capps Office Sought: X House Senate	Disbursement Fo	or: 2010 y General	Category/	
	Purpose of Disbursement Contribution Candidate Name Rep. Lois Capps Office Sought: X House Senate President State: CA District: 23 Full Name (Last, First, Middle Initial) Fattah For Congress	Disbursement Fo	or: 2010 y General	Category/	Contribution Transaction ID: 16989426
	Purpose of Disbursement Contribution Candidate Name Rep. Lois Capps Office Sought: X House Senate President State: CA District: 23 Full Name (Last, First, Middle Initial) Fattah For Congress	Disbursement Fo	or: 2010 y General	Category/	Contribution Transaction ID: 16989426 Date of Disbursement M M M / D D D / Y Y Y O Y 9
	Purpose of Disbursement Contribution Candidate Name Rep. Lois Capps Office Sought: X House Senate President State: CA District: 23 Full Name (Last, First, Middle Initial) Fattah For Congress Mailing Address 3900 Ford Ro	Disbursement Fox X Primar Other of the Primar Other other of the Primar Other of the P	or: 2010 y General (specify) ▼	Category/	Contribution Transaction ID: 16989426 Date of Disbursement M M M / D D D / Y Y Y O Y 9 Y
	Purpose of Disbursement Contribution Candidate Name Rep. Lois Capps Office Sought: X House Senate President State: CA District: 23 Full Name (Last, First, Middle Initial) Fattah For Congress Mailing Address 3900 Ford Ro City Philadelphia Purpose of Disbursement	Disbursement Fox X Primar Other of the Primar Other other of the Primar Other of the P	or: 2010 y General (specify) ▼	Category/ Type	Contribution Transaction ID: 16989426 Date of Disbursement M M M / D D M / Y Y Y O Y O Y Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name Rep. Lois Capps Office Sought: X House Senate President State: CA District: 23 Full Name (Last, First, Middle Initial) Fattah For Congress Mailing Address 3900 Ford Ro City Philadelphia Purpose of Disbursement Contribution Candidate Name	Disbursement Fo	or: 2010 y General (specify) ▼ Zip Code 19131 or: 2010	Category/ Type 011 Category/	Contribution Transaction ID: 16989426 Date of Disbursement M M M / D D M / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE B (FEC FOIIII 3X)	Use separate schedule(s)					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29]		
Any Information copied from such Reports and Sta or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)	ino and address of any pointed					
American Hospital Association PAC						
Full Name (Last, First, Middle Initial)			Transaction ID: 16989427			
Tim Ryan For Congress			Date of Disbursement	V		
Mailing Address 1600 Roosevelt Avenu Suite 804	e		03 ^M / 26 / Y Y Y 0 0 9			
City Niles	State Zip Code OH 44446		Amount of Each Disbursement this Pe	erioc		
Purpose of Disbursement	On 44446		1000.00			
Contribution		011		_		
Candidate Name Rep. Timothy J. Ryan		Category/ Type				
Office Sought: X House Disbu	rsement For: 2010 X Primary General		Contribution			
President	Other (specify)					
State: OH District: 17						
Full Name (Last, First, Middle Initial) Ben Chandler For Congress			Transaction ID: 16989428 Date of Disbursement			
			M M / D D / Y Y Y	Y		
Mailing Address P. O. Box 12678			03 26 2009	_		
City Lexington	State Zip Code KY 40508		Amount of Each Disbursement this Pe	erio		
Purpose of Disbursement			1000.00			
Contribution Candidate Name		011				
Rep. Benjamin Chandler		Category/ Type				
9 X	rsement For: 2010		Contribution			
Senate President	X Primary General Other (specify) ▼					
State: KY District: 06	Other (Specify)					
Full Name (Last, First, Middle Initial) Scott Murphy For Congress			Transaction ID: 16989430 Date of Disbursement			
Mailing Address 615 Glen Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 2 & D \\ 2 & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$	Υ		
City	State Zip Code		Amount of Each Disbursement this Pe	erio		
Glens Falls Purpose of Disbursement	NY 12801		5000.00			
Contribution		011				
Candidate Name Rep. H Scott Murphy		Category/ Type				
`_	rsement For: 2009	1 ype	O a saturilla sati			
Senate	Primary General		Contribution			
State: NY District: 20 Spec	X Other (specify) ▼ al-General2009					
· ·			7000.00	_		
SUBTOTAL of Disbursements This Page (optional	I)		7000.00			

В.

C.

SCHEDULE B (FEC Form 3X)	Llas sansuata ashadula(s	,	FOR LII	NE NUMBER: PAGE 75 / 83									3
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the) ₋	(check	Ĺ	. 1	_		_					
	Detailed Summary Page		$\frac{1}{27}^{21b}$	Н	22 28a	X	23 28b	Ļ	24 280	,	25		26 30b
Any Information copied from such Reports and State	nents may not be sold or use	ed by a		n for		ırpos		L					000
or for commercial purposes, other than using the nan													
NAME OF COMMITTEE (In Full)													
American Hospital Association PAC													
Full Name (Last, First, Middle Initial) Bill Cassidy For Congress					Trans Date		-		1698 ment	943	31		
						М	/ [Υ	ž 0	γ	Y
Mailing Address 3482 Drusilla Lane Suito					-		_				_	0	
City Baton Rouge	State Zip Code LA 70809				Amou	ınt o	f Ead	ch I	Disburs				eriod
Purpose of Disbursement Contribution			011						•	1	400.	.00	
Candidate Name Rep. William Cassidy, MD		1	tegory/ Гуре										
•	ement For: 2010 Primary General Other (specify)				Contr	ibut	tion						
State: LA District: 06													
Full Name (Last, First, Middle Initial) Halvorson For Congress					Trans Date				1698 ment	943	32		
Mailing Address PO Box 176					0 ^M 3	М	/ [2	6 /	Υ	ž 0	ó 9	Y
City Crete	State Zip Code IL 60417				Amou	ınt o	f Ea	ch I	Disburs	eme	ent th	is P	eriod
Purpose of Disbursement Contribution			011							3	000.	.00	
Candidate Name Rep. Deborah L. Halvorson		Ca	tegory/ Type										
X X	ement For: 2010 Primary General Other (specify)				Contr	ibut	tion						
Full Name (Last, First, Middle Initial) Quigley For Congress					Trans				1698 ment	943	33		
Mailing Address PO Box 13040					0 ^M 3	М	/ [2	^D /	Υ	ž 0	ŏ 9	Y
City Chicago	State Zip Code IL 60613				Amou	ınt o	f Ea	ch I	Disburs	eme	ent th	is P	eriod
Purpose of Disbursement Contribution			011				_			1	000.	00	
Candidate Name Rep. Mike Quigley		Ca	tegory/ Γype										
Senate President	ement For: 2009 Primary General Other (specify)				Contr	ibut	tion						
SUBTOTAL of Disbursements This Page (optional)			•	•		•		•	_	5	400.	00	
TOTAL This Period (last page this line number only				-									
1 This i chou (last page this line humber only	,		,			-	_	-	_	_		-	

3(HEDOLE R (EC Form	3X)	Use sepa	arate schedule(s)		_		NUMBE	R:		Р	AGE	76 / 8	3
IT	EMIZED DISB	URSEMEN	TS	for each	category of the Summary Page		(ch	eck on 21b 27	22 28a		23 [28b]	24 280	П	25 29	П
	Information copied from commercial purpose														
V .	NAME OF COMMITT		ig the name	and addres	ss or any political	COIII		CC 10 3	SHOIL COITE	iibutioi	115 1101	II SUCII	COIIII	iiiiee	
	American Hospital	Association P.	AC												
	Full Name (Last, First Lisa Murkowski Fo									saction of Dist		1698 ment	9435		
	Mailing Address F	O Box 100847	,						0 ^M 3	M /	^D 3	0 /	^Y ^Y 2	0 ŏ 9	Y
	City Anchorage			State AK	Zip Code 99510				Amo	unt of E	Each [Disburs	ement	t this P	erio
	Purpose of Disbursen Contribution	nent					011		<u> L</u> .	_		-	100	00.00	
	Candidate Name Sen. Lisa Murkows	ski					ateg	-							
		House Senate President	Disburser X	nent For: Primary Other (spe	2010 General				Cont	ributic	n				
	State: AK Dis Full Name (Last, First	trict:							T		- ID	1000	0.400		
	Bob Etheridge For	,	nmittee						Date	of Dist	ourser				V
	Mailing Address F	ost Office Box	28001						0,3	IVI /	^D 3	ŏ ′	2	0 ŏ 9	_
	City Raleigh			State NC	Zip Code 27611				Amo	unt of E	Each [Disburs	ement	t this P	erio
	Purpose of Disbursen Contribution	nent					011		L.				250	00.00	
	Candidate Name Rep. Bob Etheridg	9					ateg Type								
		House Senate President trict: 02	Disburser X	ment For: Primary Other (spe	2010 General				Cont	ributic	on				
	Full Name (Last, First Moran For Kansas								Date	of Dist		1698 ment	9465		
	Mailing Address F	P.O. Box 1151							0 ^M 3	M /	^D 3	0 /	^Y Ž	0 ŏ 9	Y
	City Hays			State KS	Zip Code 67601				Amo	unt of E	Each [Disburs	ement	t this P	erio
	Purpose of Disbursen Contribution	nent					011		Į L.				300	00.00	-
	Candidate Name Rep. Jerry Moran					Ca	ateg	ory/							
		House	Disburser	ment For: Primary	2010 General				Cont	ributic	n				
		Senate President		Other (spe											
•				-											

CHEDULE B (FEC Form 3X)	Use separate schedule(s	i)		NE NUMBER: PAGE 77 / 83 only one)					
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23 28b		4 8c	25 29	F
ny Information copied from such Reports and State for commercial purposes, other than using the nar									5
NAME OF COMMITTEE (In Full)	and dad ood or any pointed			5.10.11 00.11.1			-		
American Hospital Association PAC									
Full Name (Last, First, Middle Initial) Childers For Congress					action ID of Disburs		989468		
Mailing Address PO Box 177				0 3	M / D 3	3 0 /	y y	0 ŏ 9) Y
City Booneville	State Zip Code MS 38829			Amou	nt of Each	n Disbu	ırsemen	t this F	Peri
Purpose of Disbursement Contribution			011	<u> </u>			10	00.00)
Candidate Name Rep. Travis Wayne Childers		1	tegory/ Γype						
	ement For: 2010 C Primary General Other (specify)			Contri	ibution				
State: MS District: 01									
Full Name (Last, First, Middle Initial) Whitfield For Congress Committee				Date o	action ID of Disburs	ement	989469	1	
Mailing Address P.O. Box 391				0 ^M 3	M / D 3	3 0 /	ž	0 0 9) ^Y
City Hopkinsville	State Zip Code KY 42241			Amou	nt of Each	n Disbu			_
Purpose of Disbursement Contribution			011	L.			10	00.00)
Candidate Name Rep. Edward Whitfield		1	itegory/ Type						
Senate 2 President	ement For: 2010 Primary General Other (specify)	1		Contri	ibution				
State: KY District: 01									
Full Name (Last, First, Middle Initial) Friends Of Glenn Thompson				Date o	action ID of Disburs	ement			
Mailing Address 198 Park Road				0,3	M / D 3	3 0 /	ž	0 Ď 9) ^Y
City Howard	State Zip Code PA 16841			Amou	nt of Each	n Disbu			_
Purpose of Disbursement Contribution			011	L.			10	00.00)
Candidate Name Rep. Glenn Thompson			tegory/ Type						
· -	ement For: 2010 (Primary General Other (specify)			Contri	ibution				
State: PA District: 05	Cirier (Specify)								
· · · · · · · · · · · · · · · · · · ·							200	10.00	
SUBTOTAL of Disbursements This Page (optional			<u></u>		-		300	00.00	<u>'</u>

	CHEDULE B (FEC Form 3X) FEMIZED DISBURSEMENTS		1 0	Use separate schedule(s) for each category of the			(chec	k onl	NE NUMBER: PAGE 78 / 83						3
			D	etailed	Summary Page		2		22 28a	X 23 28	b 🗖	24 28c		25 29	
		ed from such Reports ar rposes, other than using													
>	NAME OF COM				, , , , ,										
	Full Name (Last, Charlie Dent F	First, Middle Initial) or Congress									ID: 16		472		
	Mailing Address	PO Box 442							0 ^M 3	M /	^D 3 1	/ Y	ž 0) Ŏ 9	Y
	City Allentown		State PA		Zip Code 18105				Amou	nt of Ea	ach Disb	urser			erio
	Purpose of Disbu Contribution	ırsement					011						1000	0.00	-
	Candidate Name Rep. Charles \	W. Dent				С	ategory Type	/ /							
	Office Sought:	Senate President	Disbursemer X Pri Otl	mary	2010 General ecify)				Contr	ibution	l				
	State: PA	District: 15													
	,	First, Middle Initial) ter Re-Election Com	mittee						Date	of Disbu	ID: 16 irsemen				
	Mailing Address	P.O. Box 730 C/0 C. Bruce Law	rence						0 3	M /	^D 3 0	/ L	ž 0) Ŏ 9	Y
	City Honeoye		State NY		Zip Code 14471				Amou	nt of Ea	ch Disb	urser	nent t	his Pe	erio
	Purpose of Disbu Contribution	ırsement					011		L.				2000	0.00	-
	Candidate Name Rep. Louise M	cIntosh Slaughter				С	ategory Type	//							
	Office Sought: State: NY	X House Senate President District: 28	Disbursemer X Pri Otl	mary	2010 General ecify)				Contr	ibutior	l				
	Full Name (Last,	First, Middle Initial) Reelect Congressma	an Chris Sr	nith							ID: 16		474		
	Mailing Address	P.O. Box 3184							0 3	M /	^D 3 0	/ Y	ž 0) Ó 9	Y
	City Hamilton		State NJ	е	Zip Code 08619				Amou	nt of Ea	ach Disb	urser			erio
	Purpose of Disbu Contribution	ırsement					011		L.				200	0.00	
	Candidate Name Rep. Christoph					С	ategory Type	//							
	Office Sought:	Senate President	Disbursemer X Pri Otl	mary	2010 General				Contr	ibution	l				
	State: NJ	District: 04													_
			optional)										3200		

ITEMIZE		orm 3X)	Use sepa	arate schedule(s)		OR LINE	-		/	AGE 79	
	ED DISBURSE	MENTS	for each	category of the Summary Page		check onl 21b 27	22 28a	X 23 28b	24 28c	25	
	tion copied from such ercial purposes, other										
NAME C	OF COMMITTEE (In Figure 1) an Hospital Associ	iull)	iane and addre	33 of any pointed	Commi	1100 10 30	oner contri		in Such	Johnnie	
	ne (Last, First, Middle For Congress	Initial)						action ID: f Disburse		9475	
Mailing A	Address 14 Knig	htswood Drive					0 3	⁷ 3	0 /	ž0) 9 °
City MarItor			State NJ	Zip Code 08053			Amour	nt of Each	Disburse		
Contribu	e of Disbursement ution ute Name				0.	11 gory/	L.			1000	.00
	ohn Herbert Adler	Disb	ursement For:	2010		pe					
State: N	Senate Preside	ent	X Primary Other (spe	General ecify) ▼			Contri	bution			
Full Nam	ne (Last, First, Middle For Patty Murray I	Initial)	ampaign					action ID: f Disburse		9476	
Mailing A	Address PO Box	3662					0 ^M 3	/ D3	0 /	Ž0	0 9 °
City Seattle	1		State WA	Zip Code 98124			Amour	nt of Each	Disburse		
Seattle Purpose Contribu	of Disbursement ution				0.		Amour	nt of Each	Disburse	ement th	
Seattle Purpose Contribu Candida	e of Disbursement					gory/	Amour	nt of Each	Disburse		
Seattle Purpose Contribu Candida Sen. Pa	e of Disbursement ution ute Name atty Murray rought: X Senate Preside			98124 2010 X General	Cate	gory/	Amour		Disburse		
Seattle Purpose Contribu Candida Sen. Pa Office S State: V Full Nam	e of Disbursement ution ute Name atty Murray rought: X Senate Preside	ent Initial)	ursement For:	98124 2010 X General	Cate	gory/	Contri		16989	2500	
Seattle Purpose Contribu Candida Sen. Pa Office S State: V Full Nam	e of Disbursement ution te Name atty Murray fought: VA District: ne (Last, First, Middle Df People For Dave	Initial) Obey	ursement For:	98124 2010 X General	Cate	gory/	Contri	bution action ID: f Disburse	16989	2500	
Seattle Purpose Contribu Candida Sen. Pa Office S State: W Full Nam A Lot C Mailing A City Wausa	e of Disbursement ution te Name atty Murray rought: VA District: ne (Last, First, Middle Df People For Dave Address PO Box RU	Initial) Obey	ursement For:	98124 2010 X General	Cate	gory/	Contri Transa Date o	bution action ID: f Disburse	16989 ment	2500.	00 0 9
Seattle Purpose Contribu Candida Sen. Pa Office S State: W Full Nam A Lot C Mailing A City Wausa Purpose Contribu	e of Disbursement ution te Name atty Murray rought: House	Initial) Obey	wa ursement For: Primary Other (spe	98124 2010 X General ecify) ▼	Cate	ggory/ ppe	Contri Transa Date o	bution action ID: f Disburse	16989 ment	2500.	00 0 9
Seattle Purpose Contribu Candida Sen. Pa Office S State: W Full Nan A Lot C Mailing A City Wausa Purpose Contribu Candida Rep. D	e of Disbursement ution the Name atty Murray fought: VA District: ne (Last, First, Middle Df People For Dave Address PO Box PO Box att of Disbursement ution the Name avid R. Obey	Initial) Obey (1322	wa ursement For: Primary Other (spe	2010 X General ecify) ▼ Zip Code 54402	Cate Ty	gory/ pe	Contri Transa Date o	bution action ID: f Disburse	16989 ment	2500.	00 0 9
Seattle Purpose Contribu Candida Sen. Pa Office S State: W Full Nam A Lot C Mailing A City Wausa Purpose Contribu Candida	e of Disbursement ution tet Name atty Murray rought: VA District: ne (Last, First, Middle Df People For Dave Address PO Box PO Box uu of Disbursement ution tet Name avid R. Obey rought: X House Senate Preside	Initial) Obey 1322 1322 Disb	wa ursement For: Primary Other (spe	2010 X General ecify) ▼ Zip Code 54402 2010 X General	Cate Ty	ggory/ ppe	Contri Transa Date o	bution action ID: f Disburse / 3 at of Each	16989 ment	2500.	00 0 9

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)				-	NE NUMBER: PAGE 80 / 83									
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page		F	(check c 21b 27	n iiy C	22 28a	X	23 28b	F	24 28c		25 29	Н	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														s	
NAME OF COMMITTEE (In Full)															
American Hospital Association PAC															
Full Name (Last, First, Middle Initial) Mary Bono Mack Committee							Date		isburs					Y	
Mailing Address PO Box 3370							0 3) 3	3	. 2	οŏ	9	
City Palm Springs	State CA	Zip Code 92263					Amou	ınt o	f Each	n D	isburse	-	-		d
Purpose of Disbursement Contribution Candidate Name			C	_)11 egory/				•			25	00.00)	
	ement For: Primary Other (spe	2010 General		Т	ype		Contr	ibut	ion						
Full Name (Last, First, Middle Initial) Jesse Jackson Jr For Congress Mailing Address P.O. Box 490286							Date		isburs				o ŏ	9 ^Y	
City Chicago	State IL	Zip Code 60649					Amou	ınt o	f Each	n D	isburse	men	t this	Perio	od
Purpose of Disbursement Contribution				()11		L.					7	00.00)	
Candidate Name Rep. Jesse L. Jackson, Jr.					egory/ ype										
	ement For: Primary Other (spe	2010 General					Contr	ibut	ion						
Full Name (Last, First, Middle Initial) Committee To Elect McHugh							Date	of D	isburs	em					
Mailing Address 228 S. Washington St. Suite 115							0 ^M 3	М	/ D	1 0	3 / Y	ž	οŏ	9 ^Y	
	State VA	Zip Code 22314					Amou	ınt o	f Each	n D	isburse	men	t this	Perio	d
Purpose of Disbursement Contribution			Г	()11		L.		-			25	00.00)	
Candidate Name Rep. John M. McHugh				at	egory/ ype										
X	ement For: Primary Other (spe	2010 General			<i>.</i>		Contr	ibut	ion						
SUBTOTAL of Disbursements This Page (optional)					•			•				570	00.00)	$\overline{}$
TOTAL This Period (last page this line number only)						•									

В.

District: 04

290" -000 1001 100			
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Citizens For Altmire Mailing Address P.O. Box 1776			Transaction ID: 17064378 Date of Disbursement
•	State Zip Code PA 15042		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	4000.00
Candidate Name Rep. Jason Altmire		ategory/ Type	
Senate X President	ment For: 2010 Primary General Other (specify)		Contribution
State: PA District: 04			
Full Name (Last, First, Middle Initial) Citizens For Altmire			Transaction ID: 17064381 Date of Disbursement
Mailing Address P.O. Box 1776			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D \\ I & 7 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ I & 2 & O & 0 & 9 \end{smallmatrix} \end{bmatrix}$
	State Zip Code PA 15042		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	5000.00
Candidate Name Rep. Jason Altmire		ategory/ Type	
Office Sought: X House Disburse Senate President	ment For: 2010 Primary X General Other (specify) ▼		Contribution

SUBTOTAL of Disbursements This Page (optional)	•	9000.00
TOTAL This Period (last page this line number only)	•	200200.00

State: PA

В.

C.

FE6AN026

SCHEDULE B (FEC Form 3X)		arate schedule(s)			FOR LIN		E NUMBER: PAGE 82 / 83											
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page				21b 27		22 28a		23 28b	igsquare	4 8c	П	25 29		26 30b			
Any Information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to so														5				
NAME OF COMMITTEE (In Full)		7.																
American Hospital Association PAC																		
Full Name (Last, First, Middle Initial)							Trans	acti	on ID:	: 169	928	970						
Citibank, F.S.B.									Date of Disbursement									
Mailing Address 1400 G Street, NW									$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 6 & 0 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 2 & 0 & 0 & 0 \end{bmatrix}^{Y}$									
City Washington	State DC	Zip Code 20005					Amou	int o	f Each	Disbu	ırse	-			d			
Purpose of Disbursement					'							18	81.00)				
Federal Taxes Candidate Name				_	001													
Candidate Name					egory/ ype													
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼			•		Feder	al T	Гaxes									
Full Name (Last, First, Middle Initial)							Trans	acti	on ID:	. 17	າຣດ	388						
Merchant Bankcard							Transaction ID: 17060388 Date of Disbursement											
Mailing Address 1601 Elm Street							$\begin{array}{c ccccccccccccccccccccccccccccccccccc$											
City Dallas	State TX	Zip Code 75201					Amou	int o	f Each	Disbu	ırse	men	t this I	Perio	d			
Purpose of Disbursement Merchant Fees			Г	C	001		<u></u>					_	80.20)				
Candidate Name					egory/ ype													
Senate President	ment For: Primary Other (spe	General ▼					Merch	nant	t Fees	3								
State: District: Full Name (Last, First, Middle Initial)																		
Merchant Bankcard							Date		on ID:	ement)60			V				
Mailing Address 1601 Elm Street							0 3	IVI	′	4	L	ž	o ŏ s)				
	State TX	Zip Code 75201					Amou	int o	f Each	Disbu	irse	-			od			
Purpose of Disbursement				_	.04				_			1	25.90)				
Merchant Fees Candidate Name			Ca	at	egory/ ype													
Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General ecify) ▼					Merch	nant	t Fees	3								
State: District:		· 																
SUBTOTAL of Disbursements This Page (optional)				<u> </u>	▶			•	•			208	37.10)				

TOTAL This Period (last page this line number only)

		/EEA E	337 3															
		Use separate schedule(s) (char				—	NE NUMBER: PAGE 83 / 83 only one)											
ITEN	MIZED DISE	BURSEMEN	TS		category of the Summary Page		X	21b 27	H	22 28a	ш	23 28b	П	24 28c	П	25 29		26 30b
		from such Reports ses, other than usir																
1	AME OF COMMIT	` ,	A C															
/ Ar	merican Hospit	al Association P.	AC															
Fu	ıll Name (Last, Fir	st, Middle Initial)								Trans	actio	on ID:	: 1	70603	390			
Ci	tibank, F.S.B.									Date of	of Dis	sburs	eme	nt				
Ma	ailing Address	1400 G Street,	NW							0 3	M /	^D 1	8	/ Y	ž	0 ŏ 9	Y	
Cit W	ty 'ashington		_	State DC	Zip Code 20005					Amou	nt of	Each	Dis	burser	nent	this F	erio	d
	urpose of Disburse ank Fee	ement					00	1				•			, (38.81		
Ca	andidate Name					C	ateg Typ	•										
Of	fice Sought:	House Senate President		ment For: Primary Other (spe	General	•				Bank	Fee							
Sta	ate:	District:		5.1101 (SPC	·~··j/ \													

SUBTOTAL of Disbursements This Page (optional)	•	38.81
TOTAL This Period (last page this line number only)		2125.91